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ABSTRACT

This manual consists of area 2 test pool questions which are designed to assist instructors in selecting appropriate questions to help prepare practical nursing students for the Oklahoma state board exam. Multiple choice questions are utilized to facilitate testing of nursing 2 curriculum objectives. Each test contains questions covering each concept; however, a test does not necessarily measure each specific objective. The instructor is advised to use questions best related to his/her own presentation method. A table of contents corresponds to the major tabs and subtabs and indicates where questions relating to a certain subject are presented. An answer key is supplied at the end of each test. There are five major sections: (1) medications, (2) nursing principles and skills 2, (3) maternal and infant care, (4) nursing of children, and (5) medical surgical nursing. Forty-three units are covered in the five sections. (For nursing test pool questions for area 1, see CE 017 454.) (CSS)

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[Nursing]

TEST POOL QUESTIONS

AREA II

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Developed by the Curriculum and Instructional Materials Center
For the Division of Health Occupations Education
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OKLAHOMA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION
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U.S. DEPARTMENT OF HEALTH,
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USE OF THIS PUBLICATION

This manual has been prepared to facilitate testing of Nursing II Curriculum objectives with multiple choice questions. Each test was prepared with several questions covering each concept; however, a test will not necessarily measure each specific objective. This will give a variety of questions for testing year after year, and the instructors can use the questions best related to their own method of presentation.

The table of contents that follows corresponds to the major tabs and subtabs and indicates where questions relating to a certain subject are presented. An answer key is supplied at the end of each test.

The test is not to be used in its entirety. Each instructor should choose questions best related to the objectives which they present and reproduce them for class use. There may be situations where the answer key does not correspond to your specific situation. Feel free to change the wording to apply to your method or area of instruction.

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Bob Patton, Coordinator
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Materials Center

PREFACE

The State Department of Vocational and Technical Education is a service organization to local programs. One aspect of the commitment we have made to be of service to local programs is the development of instructional materials for health occupational training. At the present time we have manuals available for Nursing I, II, and III for the practical nursing program. These manuals have been made available to all practical nursing programs. The feedback which we have received in the CIMC indicates that teachers are very appreciative and have implemented the manuals in their local programs.

Accountability is a prime concern to health occupations instructors because practical nursing students are required to take the state board examination for licensing. The purpose of these test pool questions is to allow instructors the opportunity to select appropriate questions that can be used in their programs to help prepare students for the state board exam.

We have made very effort to relate these questions to units of instruction that can be found in Nursing II of the practical nursing manuals.

Bob Patton, Coordinator
Curriculum and Instructional
Materials Center

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MEDICATION

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PHARMACOLOGY AND
ADMINISTRATION OF MEDICINE

SECTION A
MEDICATIONS
UNITS I AND II
PHARMACOLOGY AND ADMINISTRATION OF MEDICINE

1. A medication may be left in a patient's room under which of the following circumstances?

   A. On the physician's specific written order
   B. If the patient is eating at the time the medications are distributed
   C. If the patient is receiving a treatment
   D. If the patient is out of the room, and his/her family say they will give it to the patient when she/he returns

2. Which of the following solid forms of drugs may be broken in half to administer a smaller dosage?

   A. Capsule
   B. Pill or tablet
   C. Scored tablet
   D. Enteric coated tablet

3. If the nurse gives a prn medication for the relief of pain, the charting responsibility will include:

   A. recording the name of the doctor writing the order
   B. some notation on the narcotic record
   C. some observation of the effects of the drug
   D. a complete description of the method of preparation

4. Therapeutic method refers to:

   A. all substances used in treating the sick
   B. only the drugs used in treating the sick
   C. the different ways that diseases can be treated
   D. a method that uses only water, heat, and light

5. If an order is on the cardex but not on a medicine card, the nurse should:

   A. check the doctor's order before making a new card
   B. not administer the drug
   C. make a new card after checking with the pharmacy
   D. draw a line through the medicine on the cardex

6. What should the nurse do if a patient refuses medication?

   A. Explain the desired effect of the medication to the patient
   B. Try administering it every 15 minutes until the patient relents
   C. Call and inform the doctor of the refusal
   D. Inform the head nurse and chart the refusal

7. Four sources of drugs are:

A. animal, chemical, generic, and synthetic sources
B. animal, official, trade, and diluent sources
C. chemical, official, trade, and plant sources
D. animal, plant, mineral, and chemical or synthetic sources

8. A drug has four kinds of names. The name which the drug always has, regardless of the manufacturer, is the:

A. official name
B. generic name
C. chemical name
D. trade name

9. A very important nursing responsibility when administering medication is to:

A. have another nurse prepare the medication that you give
B. chart medications given by another nurse
C. chart medications prior to administering them
D. administer and chart only those medications prepared by you

10. The Drug Abuse Precaution and Control Act controls the administration of narcotics. Even if the drug is given orally, this law requires a nurse to:

A. account for the drug on an appropriate sign-out form
B. give the drug only for a limited time
C. give the drug only when the order reads prn
D. have all mathematics checked by the supervisor

11. Capsules are drugs contained in:

A. glass containers
B. cylindrical gelatin containers
C. liquid form
D. enteric coated spansules

12. All of the following are kinds of information about present drugs found in the U.S.P. except:

A. category
B. generic name
C. storage method
D. purity test

13. Lanoxin would not be given without notifying the attending physician if the patient's pulse rate is:

A. 50
B. 70
C. 140
D. 80

14. Which of the following would be least important when learning about a new drug?

   A. Methods of administration
   B. Various brand names
   C. Action
   D. Recommended dosage

15. Any very potent medicine will be given to a child in a dose that is:

   A. smaller than that for an adult
   B. the same as that for an adult
   C. larger than that required for an adult
   D. combined with milder medications

16. Under what circumstances would a student practical nurse refuse to give a medication?

   A. If the patient is disoriented
   B. If the patient is uncooperative
   C. If the instructor is not present
   D. If there is no written order

17. An enteric coated tablet is a tablet:

   A. covered with a substance that does not dissolve until reaching the intestine
   B. covered with a thin candy coating to make it taste better
   C. covered with another drug
   D. covered with a substance hard enough to prevent the tablet from falling apart before ingestion

ANSWER SHEET
PHARMACOLOGY AND ADMINISTRATION OF MEDICINE

1. A
2. C
3. C
4. C
5. A
6. D
7. D
8. B
9. D
10. A
11. B
12. B
13. A
14. B
15. A
16. D
17. A

[redacted]

WTS., MEAS, ABBREV,
DOSAGES, And SOLU

SECTION A
MEDICATIONS
UNITS III, IV, AND V
WEIGHTS, MEASURES AND ABBREVIATIONS, COMPUTING DOSAGES, AND PREPARATION OF SOLUTIONS

1. An apothecary is one who:

   A. diagnoses and treats diseases
   B. administers anesthetics
   C. compounds and dispenses drugs
   D. supplies drugs directly to physicians' offices

2. A meter is a unit of:

   A. weight in the metric system
   B. linear measurement in the metric system
   C. fluid measurement in the metric system
   D. linear measurement in the apothecaries' system

3. A grain is:

   A. a unit of weight in the apothecaries' system
   B. determined by the average weight of a grain of sand
   C. a unit of length in the apothecaries' system
   D. a unit of fluid measure in the apothecaries' system

4. Hypodermic or subcutaneous means:

   A. within a muscle
   B. within the skin
   C. into the adipose tissue
   D. beneath the epidermis

5. Equivalent measurements are:

   A. approximate with a 10% error which is considered negligible
   B. accurate to within 1%
   C. not necessarily measured but may be estimated by the pharmacist
   D. the same no matter what system of measurement is used

6. The apothecaries' system is:

   A. based on the decimal system
   B. based on weights and volumes of articles in everyday use
   C. based on common household utensils
   D. used when only approximate measurements are needed

7. The prefix centi- is used to express:

A. one-thousandth
B. one hundred
C. one-tenth
D. one-hundredth

8. The prefix kilo- is used to express:

A. one-thousandth
B. one thousand
C. one-millionth
D. ten

9. A milligram is expressed by using the symbol:

A. cm^3
B. mg
C. mcg
D. kg

10. A cubic centimeter is expressed by using the symbol:

A. gm
B. mcg
C. cm^3
D. kg

11. An example of an equivalent of dry weight in the metric system would be:

A. 1000 milligrams = 1 gram
B. 1000 milligrams = 1 liter
C. 100 milligrams = 1 kilogram
D. 1 liter = 1 kilogram

12. An example of an equivalent of liquid volume in the metric system would be:

A. 1000 liters = 1 cubic centimeter
B. 1 cubic centimeter = 1 liter
C. 1 gram = 1000 milligrams
D. 1000 grams = 1 kilogram

13. The symbol for a dram in the apothecaries' system is:

A. gr
B. oz or ℥
C. dm
D. dr or ʒ

14. The symbol for minim in the apothecaries' system is:

A. cm^3
B. MM
C. m
D. qt

15. In the apothecaries' table of dry weight,:

A. 8 drams = 1 ounce
B. 12 ounces = 1 dram
C. 1 dram = 1 ounce
D. 1 ounce = 16 drams

16. In the apothecaries' table of liquid volume,:

A. 16 ounces = 1 quart
B. 2 quarts = 1 gallon
C. 16 ounces = 1 pint
D. 60 minims = 1 fluid ounce

17. The symbol for drop in the household measurement system is:

A. tsp
B. c
C. gtt
D. dp

18. In the household table of measurements,:

A. 2 tablespoons = 1 ounce
B. 2 teaspoons = 1 tablespoon
C. 60 drops = 1 tablespoon
D. 8 ounces = teacupful

19. Equivalent measures of weight are:

A. 1 cm^3 = 15 m = 15 gtts
B. 30 gm = 1 oz = 8 tsp
C. 10 mg = gr ¼ = 1 tsp
D. 1 gm = gr 1 = 1 tsp

20. Equivalent measures of volume are:

A. 1 cm^3 = 15 m = 15 gtts
B. 500 cm^3 = 1 qt = 2 measuring cups
C. 4 cm^3 = m XV = 60 gtts
D. 1 gm = gr XV = ¼ tsp

21. The abbreviation for iron is:

A. io
B. Fe
C. Ir
D. Ro

22. The abbreviation bid means:

A. three times a day
B. daily
C. twice a day
D. at bedtime

23. The abbreviation as desired is:

A. prn
B. qd
C. ad
D. ad lib

24. The abbreviation OD is used to express:

A. both eyes
B. the left eye
C. the right eye
D. one eye

25. The abbreviation hs is used to express:

A. hour of sleep
B. every night
C. after meals
D. before meals

26. The abbreviation qs is used to express:

A. every Saturday
B. quantity sufficient
C. every night
D. one-half

27. The abbreviation s is used to express:

A. with
B. inside
C. at once
D. without

28. The abbreviation ss is used to express:

A. spirit
B. one-half
C. solution
D. with

29. Mr. Robert Arnold has been diagnosed as a congestive heart failure patient. The doctor has ordered Diuril 500 mg bid. The drug on hand is labeled Diuril 0.25 gm. How many tablets should the nurse give to Mr. Arnold?

A. One-half tablet
B. Two tablets
C. Four tablets
D. Two and one-half tablets

30. The physician orders 0.5 gm of Diamox. The nurse has 250 mg tablets on hand. The patient should receive:

A. four tablets
B. one tablet
C. two tablets
D. one-half tablet

31. The doctor orders Seconal gr iss. The drug on hand is labeled 0.1 gm per capsule. The patient should receive:

A. one capsule
B. two capsules
C. one and one-half capsules
D. one-half capsule

32. If nitroglycerin is ordered ad lib, it may be given:

A. not more often than every four hours
B. not more often than every 30 minutes
C. as often as the patient desires
D. not more often than every two hours.

33. A relaxing drug that is ordered as tid and hs medication will be given:

A. at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m.
B. three times a day and at bedtime
C. 30 minutes after meals and at 9:00 p.m.
D. whenever the patient complains of feeling tense

34. If a fraction of a grain of morphine were ordered in the apothecaries' system, the order would be written:

A. gr ¼
B. gm 0.25
C. 0.25 gr
D. ¼ gm

35. Seven and one-half grains in the apothecaries' system is written in the metric system as:

A. gr VIIss
B. 1.0 gm
C. 0.5 gm
D. m xv

36. 15 grains of medication will equal the metric measurement of:

A. one ounce
B. one gram
C. eight drams
D. one minim

37. The liquid measure in the metric system is 1 cm^3. The equivalent weight measure in this system is:

A. four minims
B. one pint
C. one gram
D. one ounce

38. In the apothecaries' system, one milligram is equivalent to:

A. 3 m
B. 1 cm^3
C. gr 1/60
D. 0.064 gm

39. 0.5 gm is equal to:

A. 15 m
B. gr 15
C. 2 oz
D. gr VIIss

40. Thirty cm^3 poured into a medicine glass will equal:

A. five minims
B. one dram
C. three grams
D. one ounce

41. A one quart measuring pitcher will hold:

A. 2000 cm^3
B. 4000 cm^3
C. 1500 cm^3
D. 1000 cm^3

42. The liquid measurement equal to one grain of weight is:

A. one gram
B. one cubic centimeter
C. one dram
D. one minim

43. How many grains of medicine are contained in one gram?

A. 5
B. 10
C. 15
D. 30

44. The apothecaries' equivalent of 1 cm^3 of liquid is:

A. 4 to 5 m
B. 8 m
C. 10 m
D. 15 m

45. One quart of solution is the same as:

A. 10 oz
B. 2 pt
C. 1 gal
D. 15 m

46. One pint of solution equals:

A. two quarts
B. four ounces
C. 250 cm^3
D. 500 cm^3

47. If there are 4 cm^3 to a dram, in one ounce there is the equivalent of:

A. two drams
B. four drams
C. six drams
D. eight drams

48. The weight measure that is equal to the liquid minim is:

A. one grain
B. one gram
C. one cubic centimeter
D. one dram

49. A measuring pitcher filled to the 1000 cm^3 mark will hold:

A. one pint
B. one quart
C. one gallon
D. one dram

50. An S.O.S. medication can be given:

A. whenever the patient's symptoms indicate a need for it
B. if the patient requests it
C. only once if the nurse feels the patient needs it
D. at bedtime for relief of pain

51. If the doctor orders soda bicarbonate gr XV, and the strength on hand is 0.5 gm, the nurse needs to give the patient:

A. one tablet
B. two tablets
C. three tablets
D. five tablets

52. An order for penicillin 250,000 units, qd will be given:

A. every hour, starting with the time the order was noted
B. by injection deep into the muscle
C. at bedtime
D. only once every day

53. A medication ordered given q.4.h., must be given:

A. a.c.
B. p.c.
C. when it will do the patient the most good
D. even if the patient must be awakened

54. If an average adult dose of medicine is gr I, the nurse could expect the child's dose to be about gr ss or:

A. one-half gram
B. one cubic centimeter
C. one-half grain
D. three minims

55. To change grams to milligrams,:

A. multiply the number of grams by 1000
B. move the decimal place two places to the left
C. divide the number of grams by 1000
D. move the decimal place one place to the right

56. Grams may also be changed to milligrams by:

A. moving the decimal place three places to the left
B. multiplying the number of grams by 10
C. moving the decimal place three places to the right
D. dividing the number of grams by 1000

57. 0.012 gm changed to milligrams equals:

A. 120 mg
B. 1.2 mg
C. 12 mg
D. .12 mg

58. To change milligrams to grams:

A. multiply the number of milligrams by 1000
B. divide the number of milligrams by 1000
C. move the decimal point two places to the right
D. move the decimal point three places to the right

59. To change milligrams to grams,:

A. divide the number of grams by 1000
B. multiply the number of grams by 1000
C. move the decimal point three places to the left
D. move the decimal point two places to the right

60. 15 milligrams changed to grams equals:

A. 15.0 gm
B. 150 gm
C. 0.15 gm
D. .015 gm

61. To compute a fractional dosage of a tablet,:

A. convert the unit of measurement to the same measurement system and divide the desired dose by the dose on hand
B. convert the unit of measurement to the same measurement system and multiply the desired dose by the dose on hand
C. convert the unit of measurement to the same measurement system and divide the dose on hand by the desired dose
D. convert the unit of measurement to the same measurement system and multiply the dose on hand by the desired dose

62. The fractional dosage of a tablet may also be computed by:

A. the decimal formula
B. Fried's Law
C. Clark's Rule
D. the proportion formula

63. To give one grain of codiene when 30 mg codiene tablets are on hand, the nurse would give:

A. one-half tablet
B. two tablets
C. three tablets
D. one-quarter tablet

64. To compute liquid dosages,:

A. multiply the dose on hand by the desired dose and the quantity of dose on hand
B. invert the dose on hand and multiply it by the desired dose and the quantity of dose on hand
C. invert the dose on hand, divide it by the desired dose and multiply it by the quanitity of dose on hand
D. divide the dose on hand by the quantity of dose on hand

65. The formula for computing dosages of liquid medications would be used if:

A. you had a scored tablet and needed to give half of it
B. you had no information as to strength per volume of the solution
C. you needed to compute the amount of solvent needed to dissolve in a given amount of liquid
D. you needed to compute the amount of solvent needed to dissolve a tablet when a portion of a tablet is to be given.

66. To give 600,000 U of penicillin when the dose on hand is 1,000,000 U of penicillin per 5 cm^3, you would give:

A. 3.0 cm^3
B. 2.5 cm^3
C. 8.3 cm^3
D. 4.0 cm^3

67. To administer 60 mg of sodium luminal when the dose on hand is sodium luminal 300 mg/5 cm^3, you would give:

A. 1 cm^3
B. 900 cm^3
C. 1/250 cm^3
D. 2.5 cm^3

68. To compute a child's dosage of medicine by age, the nurse would use:

A. Fried's Law
B. Young's Law
C. Clarks' Rule
D. Black's Law

69. If the average dose of aspirin for adults is 10 gr, and you compute the dosage of aspirin for a four year old child, you would give:

A. 40 gr
B. gr 38
C. gr 2.5
D. gr 1

70. To calculate a dosage of medication for infants under two years, the nurse would use:

A. Clark's Rule
B. Young's Rule
C. Smith's Law
D. Fried's Law

71. If the average adult dose of Achromycin is 500 mg, and you compute the dosage for a 6 month old child, you would give:

A. 80 mg
B. 20 mg
C. 125 mg
D. 30 mg

72. To compute a dosage for a child by weight, the nurse would use:

A. Clark's Rule
B. Young's Rule
C. Fried's Law
D. Black's Law

73. If the average adult dose of Demerol is 50 mg, and you compute the dosage for a 36 pound child, you would give:

A. 12 mg
B. 1.5 mg
C. 7.5 mg
D. 10 mg

74. The order reads Terramycin 250 mg IM. You have on hand a vial of Terramycin 0.5 gm per cm^3. You would give:

A. 2 cm^3
B. 0.5 cm^3
C. 4 cm^3
D. 1 cm^3

75. The order reads elixir of phenobarb 0.5 gm. You have a bottle of elixir of phenabarb gr XV in 1 cm^3. You would give:

A. 2 cm^3
B. 4 cm^3
C. 0.25 cm^3
D. 0.5 cm^3

76. The physician orders 0.5 gm of Diamox p o. You have Diamox 250 mg tablets. You would give:

A. four tablets
B. one tablet
C. one-half tablet
D. two tablets

77. The physician orders chloral hydrate gr VIIss p o. You have chloral hydrate capsules 0.5 gm. You would give:

A. one-half capsule
B. one capsule
C. two capsules
D. three capsules

78. If the doctor orders soda bicarbonate gr XV and the strength on hand is 0.5 gm, the nurse needs to give the patient:

A. one tablet
B. two tablets
C. three tablets
D. five tablets

79. An adult is receiving tetracycline 250 mg. Which of the following dosages would be considered safe for a child weighing 30 pounds?

A. 5.0 mg
B. 8.0 mg
C. 50.0 mg
D. 80.0 mg

80. How much aspirin would you consider a safe dosage for a child of four years if an adult receives gr X?

A. gr IIss
B. gr V
C. gr VII
D. gr X

81. If an adult receives Demerol 75 mg, what would you consider an appropriate dose of Demerol for a 10 month old infant?

A. 3.5 mg
B. 5.0 mg
C. 25.0 mg
D. none of these

82. An order for penicillin 250,000 U, q d will be given:

A. every hour, starting with the time the order was noted
B. by injection deep into the muscle
C. at bedtime
D. only once every day

83. Without special permission, a prn order for morphine gr ¼ h that has been given at 4:00 p.m. cannot be given again until:

A. 5:00 p.m.
B. 6:00 p.m.
C. 8:00 p.m.
D. 10:00 p.m.

84. The doctor orders a diuretic to be given orally, 1 gm twice daily. The label on the bottle states each tablet is 0.5 gm. How many tablets should the nurse give in each dose?

A. One-half tablet
B. One tablet
C. Two tablets
D. Four tablets

85. A stat medication is ordered to be given:

A. immediately
B. only if the nurse can justify its need
C. whenever the patient's symptoms are serious
D. after first consulting the RN or the MD

86. A medicine ordered qid will be given:

A. after meals
B. well diluted with water
C. at 8:00 a.m., 12:00 p.m., and 4:00 p.m.
D. at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m.

87. A medicine ordered for q.6.h. will be given:

A. at 8:00 a.m., 2:00 p.m., 8:00 p.m., and 2:00 a.m.
B. after meals and at bedtime
C. only while the patient is awake
D. at 2:00 a.m., 8:00 a.m., and 2:00 p.m.

88. A pain relieving medication is ordered prn when the doctor decides that the nurse is able to:

A. prepare and give hypodermic medicines
B. supervise the patient taking the medicine
C. determine when the patient needs the medicine
D. give the patient supportive nursing care

89. If the patient has stopped breathing, a stat order for a stimulant will be given:

A. hypodermically
B. immediately
C. by the doctor
D. at once and every two hours

90. The convalescent patient will usually not need a temperature taken any oftener than bid. The nurse should expect to take a temperature:

A. at 8:00 a.m. and 8:00 p.m.
B. after meals
C. twice a day
D. at bedtime

91. A teaspoon of medicine given in the home would be ordered in the hospital as ʒi . This would be measured as:

A. 1 cm^3
B. 4 cm^3
C. 15 cm^3
D. 1 oz

92. Seven and one-half grains in the apothecaries' system is written in the metric system as:

A. gr VIIs
B. 1.0 gm
C. 0.5 gm
D. m XV

93. When the doctor wants the patient to have a full ounce of medicine, the symbol used will be:

A. ʒ
B. ℥
C. ss
D. m

94. A relaxing drug that is ordered as a tid and hs medication will be given:

A. at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m.
B. three times a day and at bedtime
C. 30 minutes after meals and at 9:00 p.m.
D. whenever the patient complains of feeling tense

95. The ʒ symbol means:

A. one dram
B. one ounce
C. one cubic centimeter
D. one gram

96. The meaning of the symbol ss is:

A. take
B. one of each
C. one half
D. at once

97. If the doctor wanted to give a patient 15 grains of medication but ordered it in the metric system, the order would read:

A. 0.5 gm
B. 1 gram
C. gram 1.0
D. 1.0 gm

98. If a fraction of a grain of morphine were ordered in the apothecaries' system, the order would be written:

A. gr ¼
B. gm 0.25
C. 0.25 gr
D. ¼ gm

99. 3 cm^3 of a liquid can be measured most accurately in a:

A. small paper cup
B. teaspoon
C. tablespoon
D. minim glass or calibrated syringe

100. The label on the medicine bottle indicates that the tablets are 500 mg each. The patient is to receive 1.5 gm. How many tablets should the nurse give?

A. One-half tablet
B. One and one-half tablets
C. Two tablets
D. Three tablets

101. When an hs medication is ordered to provide rest and sleep for the patient, it should be given:

A. before visiting hours
B. at 8:00 p.m.
C. following p.m. care
D. when the patient is ready to sleep

102. The physician orders chloral hydrate gr VIIss. The drug on hand is labeled 0.5 gm per capsule. The patient should receive:

A. one-half capsule
B. one capsule
C. two capsules
D. three capsules

103. 1 pt is equal to:

A. 500 cm^3
B. 32 oz
C. 1/4 gal
D. 300 ml

104. The physician has ordered 1/200 gr (h) of atropine sulfate. The tablets on hand are 1/150 gr. How much of the dissolved drug should the nurse administer to the patient using 2 cm^3 of solvent?

A. 0.7 cm^3
B. 1.5 cm^3
C. 2.7 cm^3
D. 0.8 cm^3

105. A tid, ac medicine to stimulate the appetite should be given:

A. 30 minutes after each meal
B. 30 minutes before each meal
C. at mealtime with the food
D. before meals

ANSWER SHEET
WEIGHTS, MEASURES, AND ABBREVIATIONS, COMPUTING DOSAGES, AND PREPARATION OF SOLUTIONS

1.	C	26.	B	51.	B	76.	D	101.	D
2.	B	27.	D	52.	D	77.	B	102.	B
3.	A	28.	B	53.	D	78.	B	103.	A
4.	C	29.	B	54.	C	79.	C	104.	B
5.	A	30.	C	55.	A	80.	A	105.	B
6.	B	31.	A	56.	C	81.	B		
7.	D	32.	C	57.	C	82.	B		
8.	B	33.	B	58.	B	83.	C		
9.	B	34.	A	59.	C	84.	C		
10.	C	35.	A	60.	D	85.	A		
11.	A	36.	B	61.	A	86.	D		
12.	B	37.	C	62.	D	87.	A		
13.	D	38.	C	63.	B	88.	C		
14.	C	39.	D	64.	B	89.	B		
15.	A	40.	D	65.	A	90.	C		
16.	C	41.	D	66.	A	91.	B		
17.	C	42.	D	67.	A	92.	C		
18.	A	43.	C	68.	B	93.	B		
19.	A	44.	D	69.	C	94.	B		
20.	A	45.	B	70.	D	95.	A		
21.	B	46.	D	71.	B	96.	C		
22.	C	47.	D	72.	A	97.	D		
23.	D	48.	A	73.	A	98.	A		
24.	C	49.	B	74.	B	99.	D		
25.	A	50.	C	75.	D	100.	D		

[redacted]

EFFECTS OF DRUGS

SECTION A
MEDICATIONS
UNIT VI
EFFECTS OF DRUGS

1. The local effect of a drug is the action of a drug:

   A. on the spinal cord
   B. on the skin and mucous membranes
   C. on surface blood vessels
   D. when given by mouth

2. Some drugs have a more powerful effect on a certain part of an organ than on the rest of the organ. This effect is called:

   A. synergism
   B. potentiation
   C. specific action
   D. selective action

3. When a drug is used as an antidote for another drug, the effect is called:

   A. potentiation
   B. selective action
   C. antagonism
   D. idiosyncracies

4. The action of quinine on the malaria parasite is an example of:

   A. synergism
   B. potentiation
   C. specific action
   D. selective action

5. Epinephrine increases the anesthetic effect of procaine. This effect is:

   A. antagonistic
   B. cumulative
   C. synergistic
   D. idiosyncratic

6. Nausea and vomiting as a result of digitalis are examples of:

   A. an antagonistic effect
   B. a side effect
   C. a toxic effect
   D. a cumulative effect

7. Mr. Smith has been receiving Demerol 75 mg every four hours for five days. He complains the medicine is no longer relieving his discomfort. The explanation for this is that he has developed:

A. a tolerance for the drug
B. an addiction
C. a cumulative effect
D. a side effect

8. Ms. Jones has been receiving Demerol 50 mg every three to four hours for five days. Her physician orders an oral analgesic, a pain pill. Ms. Jones refuses the pill because "pills don't work; only shots do." Ms. Jones is probably:

A. resistant to the oral analgesic
B. dependent on injections
C. tolerant of the oral analgesic
D. dependent on oral analgesics

9. All drugs which are absorbed via the bloodstream will have a:

A. general or systemic effect
B. toxic effect
C. local effect
D. specific action

10. Urticaria, anaphylactic shock, and fever are the result of:

A. a general or systemic action
B. an allergic action
C. a synergistic action
D. a cumulative action

11. Digitalis preparations are examples of medications which:

A. increase the heartbeat rate
B. raise the blood pressure
C. quicken the action of the heart
D. slow and strengthen the heartbeat

12. Before giving Lanoxin, the nurse should always:

A. check the patient's blood pressure
B. determine the patient's blood type
C. count the patient's pulse
D. determine the patient's respiration rate

13. A drug which increases the activity of the body and its organs is a/an:

A. narcotic
B. stimulant
C. depressant
D. opium derivative

14. A drug which decreases the activity of the body and its organs is:

A. adrenalin
B. a depressant
C. a stimulant
D. caffeine

15. Adrenalin's generic name is:

A. atropine
B. nalorphine
C. sodium benqoate
D. epinephrine

16. Garamycin may cause renal failure. This is due to:

A. dependency
B. toxicity
C. addiction
D. cumulation

17. The rate of absorption progresses from slowest to fastest in which of the following lists?

A. Alimentary canal, subcutaneous, intramuscular, intravenous
B. Subcutaneous, alimentary canal, intravenous, intramuscular
C. Intramuscular, alimentary canal, subcutaneous, intravenous
D. Alimentary canal, intramuscular, subcutaneous, intravenous

18. The general purposes of drugs are to:

A. test toxic levels, treat disease, change one's behavior, and cause side effects
B. diagnose causes of addiction, treat symptoms, and alter immunity
C. treat symptoms, prevent disease, treat disease or dysfunctions, and diagnose
D. increase intelligence, relieve pain, diagnose, and change one's behavior

19. Drugs that are given and absorbed by the blood stream to affect various parts of the body are said to have a certain kind of effect. This effect is called:

A. local
B. side
C. systemic
D. untoward

20. An example of a drug that in large doses stimulates the entire central nervous system, including the spinal cord, is:

A. morphine
B. Demerol
C. caffeine
D. aspirin

21. The most dangerous effect of morphine is its:

A. ability to relieve pain
B. ability to produce sleep
C. stimulating effect on respirations
D. depressing action on the respiratory center

22. Nitroglycerin is a rapidly acting vasodilator which is administered to the patient by which of the following routes?

A. Orally
B. Sublingually
C. Perenterally
D. Via the buccal route

23. Digitalis:

A. speeds heart action
B. slows the heartbeat rate
C. is more likely to weaken the heart
D. may cause edema

24. When caring for the patient on anticoagulant therapy, the nurse should observe for and report any signs of:

A. internal or external bleeding
B. nausea
C. headache
D. diarrhea

25. Ms. Sanders has a severe infection of her left foot. She is admitted to the hospital with the following orders: Seconal 100 mg prn at hs po, Emperin No. 3 prn for pain po, Penicillin 600,000 U IM stat and bid, hot saline packs to the left foot continously, and complete bed rest. When Ms. Sanders is admitted, the nurse questions her concerning previous doses of penicillin. She says that she has been given penicillin before with no allergic reaction. The nurse realizes that this means:

A. Ms. Sanders will probably have a reaction to the next dose
B. Ms. Sanders will not have a reaction to the penicillin
C. it is not certain whether or not Ms. Sanders will have a reaction to the penicillin
D. the penicillin should not be given

26. The dose of penicillin ordered for Ms. Sanders is 600,000 U. The bottle received from the pharmacy states the medicine contains 800,000 U per 2 cm^3. How much should the nurse give?

A. 2.66 cm^3
B. 1.5 cm^3
C. 1.66 cm^3
D. 2.7 cm^3

27. The next morning Ms. Sanders' condition is much improved, and her temperature has returned to normal. She asks why the penicillin must be continued. The nurse knows that:

A. the doctor probably forgot to discontinue the order
B. penicillin stops growth of bacteria but must be continued until all the bacteria die
C. Ms. Sanders' condition is not really improved
D. the Empirin brought about Ms. Sanders' improvement

28. Ms. Sanders is receiving the Seconal for which of the following effects?

A. Sedative
B. Hypnotic
C. Tranquilizing
D. Antidepressant

29. The dose of Seconal ordered is 100 mg. The capsules on hand are labeled gr 1½. How many capsules would you give Ms. Sanders?

A. Two
B. One
C. One and one-half
D. Three-quarters

30. Vasodilators are used to:

A. relieve the pain of angina pectoris
B. dissolve the blood clot in coronary thrombosis
C. make the heartbeat stronger and slower
D. dilate the bronchioli

31. A drug that is slowly eliminated from the body can produce very serious symptoms when its effects are:

A. rapid
B. retarded
C. cumulative
D. habit forming

32. If a drug is absorbed into the circulatory system, but it has an effect on only one part of the body, its action is described as:

A. selective
B. antagonistic
C. untoward
D. stimulating

33. When cough medicines are given to soothe irritated throat tissue, the action is described as:

A. selective
B. local
C. systemic
D. depressive

34. When the amount of drug present in the blood stream must be kept at a constant level, the doctor will order a large initial dose followed regularly by a:

A. therapeutic dose
B. cumulative dose
C. maintenance dose
D. tolerance dose

35. A group of drugs that is very effective in treating urinary tract infections and meningitis is the:

A. diuretics
B. vasodilators
C. sulfonamides
D. cholinergic drugs

36. The most important thing to remember about narcotics is:

A. they always cause death
B. they are always given by injection
C. in large doses they may cause unconsciousness and possibly death
D. they are given to the patient experiencing pain

37. A drug idiosyncrasy may best be defined as:

A. those effects which result from an overdose of a drug
B. toxicity which occurs when a drug is not excreted as rapidly as it is given
C. an unexpected or unusual reaction to a drug
D. symptoms resulting from a sensitivity to a drug

38. Urticaria is:

A. a skin condition characterized by the appearance of itching raised welts or wheals
B. a condition resulting from undue loss of fluid from the body
C. a large amount of air in the heart or vascular system
D. state of being open or unobstructed

39. Demerol is classified as a/an:

A. amnesic
B. oxytocic
C. analgesic
D. soporific

ANSWER SHEET
EFFECTS OF DRUGS

1.	B
2.	D
3.	C
4.	C
5.	C
6.	C
7.	A
8.	B
9.	A
10.	B
11.	D
12.	C
13.	B
14.	B
15.	D
16.	B
17.	A
18.	C
19.	C
20.	C
21.	D
22.	B
23.	B
24.	A
25.	B
26.	B
27.	B
28.	B
29.	B
30.	A
31.	C
32.	A
33.	B
34.	C
35.	C
36.	C
37.	C
38.	A
39.	C

[redacted]

METHODS OF
ADMINISTERING MEDICATIONS

SECTION A
MEDICATIONS
UNITS VII, VIII, IX, X, AND XI
METHODS OF ADMINISTERING MEDICATIONS

1. Morphine sulfate should be withheld and the physician notified if a patient's:

   A. pulse rate is above 60 per minute
   B. pulse rate is below 60 per minute
   C. respiration rate is below 20 per minute
   D. respiration rate is below 12 per minute

2. To be sure that the correct medication is being poured for a patient, it is most important to:

   A. read the physician's written order three times
   B. read the label on the container three times
   C. glance at the label on the container just before pouring the medicine
   D. always have the nurse in charge supervise the pouring of medications

3. When there is a change in the color, consistency, or odor of a drug, the nurse should know that:

   A. this frequently occurs in some drugs and is of no significance
   B. the drug may be given, but the changes in its appearance should be charted to relieve the nurse of any responsibility for possible untoward reactions
   C. only the pharmacist is responsible for the medications kept in the cabinet and must remove any if they are unsafe or spoiled
   D. the drug must not be given and should be returned to the pharmacy in exchange for a fresh supply

4. Which of the following would be considered the safest rule to follow in preparing and giving medications?

   A. Do not give a medication that is likely to produce some unexpected reaction in a patient
   B. The nurse who prepares the drug is the one who should administer it to the patient
   C. If you have confidence in the nurse who is pouring medications, it is alright for you to administer them to the patients instead of the nurse pouring them
   D. It is best to have the nurse in charge prepare all medications and then assign their administration to the nurses working under her/him

5. As a liquid drug is being poured into a medicine glass, the glass is:

   A. placed on a shelf to avoid spilling
   B. placed on a medicine tray
   C. held at waist level to assure proper measurement
   D. held at eye level to assure accurate measurement

6. After eye drops are administered, the patient is instructed to:

A. keep eyes open without blinking for two to three minutes
B. close eyes slowly and rotate each eyeball to spread the medication evenly
C. squeeze the eyelids closed several times to remove the excess medication
D. use a tissue and rub eyes vigorously

7. Medications for the ear should be:

A. refrigerated and applied without heating to avoid chemical changes in the drug
B. warmed to body temperature
C. heated to between 115° F and 120° F to sterilize the medication
D. warmed only if directions to do so are on the label

8. When giving an IM injection, the skin should be:

A. held taut
B. cushioned
C. pulled to one side
D. immobilized but neither cushioned nor held taut

9. Due to the size of the muscle and the location of blood vessels and nerves, the site on an adult thought to be least acceptable for an intramuscular injection is the:

A. vastus lateralis
B. rectus femoris
C. ventro gluteal
D. deltoid

10. When administering Imferon, an iron preparation, by injection, it is important to do all of the following except:

A. using at least a two inch needle
B. giving the injection into the upper outer quadrant of the gluteal region
C. displacing the skin firmly to one side prior to injection
D. immobiliing the skin but neither cushioning it nor holding it taut

11. An intramuscular injection should be given at a:

A. 90° angle to the skin
B. 60° angle to the skin
C. 45° angle to the skin
D. 30° angle to the skin

12. Insulin is given by which route?

A. Oral
B. Z-track
C. Subcutaneous injection
D. Intradermal injection

13. Regular insulin is different from other types of insulin in that it:

A. has a longer effective period
B. usually must be given only once daily
C. acts quickly after injection
D. lasts 24 hours

14. Intradermal injections are most often used to administer:

A. certain substances for skin tests
B. preparations that contain oil
C. large amounts of fluid that cannot be given by vein
D. drugs that are irritating to muscle tissue

15. If the nurse observes signs of infiltration while a patient is receiving an infusion, which of the following actions would be an appropriate response?

A. Discontinue the IV
B. Lower the bottle of solution to a level lower than the level of the vein and observe for blood in the tubing
C. Report symptoms to the team leader
D. Raise the bottle of solution to a higher level

16. As a practical nurse, your student responsibility in IV therapy is to:

A. set up an IV in preparation for administration
B. observe the infusion while it is running
C. discontinue an infusion
D. restart the IV as necessary

17. When giving an intradermal injection, the needle:

A. should be held with the bevel up
B. is inserted with a quick, darting motion
C. should be held with the bevel down
D. should be held at a 60 degree angle to the skin

18. After giving an intradermal injection, the site is:

A. covered with a sterile pressure dressing
B. massaged gently
C. not massaged
D. cleansed with alcohol

19. While an infusion is being given, it is possible for the needle to slip out of the vein. Symptoms of this include all of the following except:

A. an increased rate of flow
B. redness
C. swelling
D. tenderness and pain in the area

20. The term parenteral means the drug is given by:

A. the parent
B. mouth
C. injection
D. rectally

21. In giving an intramuscular injection into the gluteus medius, the bony landmarks to be identified are the:

A. pubic bone and the anterior iliac spine
B. greater trochanter and the posterior superior iliac spine
C. acromion process and the greater trochanter
D. greater trochanter and the anterior superior iliac spine

22. In giving an intramuscular injection in the deltoid muscle, it is necessary to identify which of the following?

A. Acromion process and axillary fold
B. Umbilicus and anterior iliac spine
C. Greater trochanter and anterior superior iliac spine
D. Greater trochanter and greater anterior process

23. Ms. Brown is to receive a medication po, qid. This means:

A. every other day by mouth
B. every day before meals
C. every day after meals
D. four times a day by mouth

24. When pouring a liquid medication, the nurse should measure from:

A. the top edge of the meniscus
B. the bottom of the meniscus
C. either of these
D. neither of these

25. A sublingual medication is:

A. swallowed
B. placed under the tongue and allowed to dissolve
C. placed between the gum and cheek and allowed to dissolve
D. given any of the above ways

26. If a label on a medicine bottle is difficult to read, it is best to:

A. ask the pharmacist to replace it with a clean label
B. withold the drug and chart that it could not be given
C. make a new label, using adhesive tape and making the label more legible
D. give the medication only if you are familiar with the drug and are fairly sure it is correct

27. To be sure a patient receives the medications ordered by the physician, is best for the nurse to:

A. stay with the patient until the medication has been taken
B. ask another patient to observe the patient and notify the nurse if the patient does not take the medicine
C. leave the medication and tell the patient to take it for his/her own good
D. ask a member of the family to accept the responsibility

28. When pouring a liquid medication, the container should be held so that the:

A. label is toward the medicine glass
B. medication can be poured quickly
C. thumb is against the label
D. label is toward the palm of the hand

29. The first step in administering medications is to:

A. check the medicine card with the drug label
B. check the medicine card with the cardex
C. identify the patient by asking for her/his name
D. chart the medication

30. The rectal administration of drugs:

A. will always produce a systemic effect
B. avoids irritation to the upper GI tract and may promote high levels of the drug in the blood stream
C. should be avoided when the patient is nauseated and vomiting
D. should be avoided when the patient is unconscious

31. The most important factor to remember about drugs administered rectally is they:

A. are absorbed more quickly than those administered by any other route
B. increase gastric motility
C. must be inserted past the internal sphincter muscle
D. should be administered with sterile technique

32. Medications administered to the eye are placed in the:

A. inner canthus
B. outer canthus
C. cornea
D. lower conjuctival sac

33. To straighten the ear canal to administer ear drops to an adult, pull the pinna:

A. straight out
B. forward and down
C. up and back
D. down and back

34. Subcutaneous injections are administered into:

A. all layers of the skin
B. the fatty tissue beneath the skin
C. the muscle tissue
D. the vein

35. To administer a subcutaneous injection properly, the needle should be held at a:

A. 90^{o} angle to the skin
B. 45^{o} angle to the skin
C. $10-15^{o}$ angle to the skin
D. 30^{o} angle to the skin

36. An intradermal injection is given:

A. just under the uppermost layer of the skin
B. into the muscle tissue
C. into a vein
D. between the skin and the subcutaneous tissue

37. The most common site for an intradermal injection is the:

A. thigh
B. upper arm
C. inner aspect of the forearm
D. buttock

38. When giving an intradermal injection, the needle is held at a:

A. 90^{o} angle to the skin
B. 45^{o} angle to the skin
C. 30^{o} angle to the skin
D. $10-15^{o}$ angle to the skin

39. For most injections after the needle is inserted, the nurse should:

A. apply a tourniquet
B. pull back on the plunger to see if blood is aspirated
C. tell the patient to tense his/her muscles to make absorption easier
D. change the angle of the needle

40. The chief danger in giving an intramuscular injection into the wrong area of the buttock is:

A. poor absorption of drug
B. formation of an abcess resulting from contamination of the needle
C. damage to the sciatic nerve or injection into a large blood vessel
D. damage to the underlying bone tissue

41. The reason for massaging an area after an injection is to:

A. increase circulation and promote absorption
B. insure absorption of the medication in the right tissues
C. prevent contamination
D. test for any reaction to the drug

42. If you are ready to give a pneumonia patient a stat order of streptomycin and the patient says, "I hope that isn't streptomycin; I'm allergic to it," the practical nurse should:

A. give the shot and report the patient's comment to the charge nurse
B. do a sensitivity test and give the medication
C. notify the doctor
D. omit the dose and notify the doctor

43. The best muscle for an upper extremities injection is the:

A. pectoralis
B. deltoid
C. gluteal
D. biceps

44. If a drug is injected into the buttock, the site of injection should be:

A. near the middle of the buttock
B. in the lower outer quadrant
C. in the upper outer quadrant
D. in the upper inner quadrant

45. If blood appears in the syringe, the nurse should:

A. call the doctor
B. give the medication anyway
C. withdraw the needle
D. change the needle

46. Which of the following needle sizes has the largest lumen?

A. 25 gauge
B. 21 gauge
C. 20 gauge
D. 26 gauge

47. Whenever a needle is inserted for an intramuscular injection or a subcutaneous injection, the nurse should:

A. apply a tourniquet before giving the injection
B. aspirate before giving the injection
C. tell the patient to tense her/his muscles to make the needle enter more easily
D. change the angle of the needle after it has been inserted

48. One gram equals:

A. 1000 micrograms
B. 1000 milligrams
C. one kilogram
D. one milligram

49. One grain equals:

A. approximately 60 mg
B. 0.1 mg
C. 10 mg
D. 100 mg

50. The most appropriate needle size for an intramuscular injection is:

A. 1 in, 25 gauge
B. ½ in, 25 gauge
C. 1½ in, 16 gauge
D. 1½ in, 22 gauge

51. The usual location for an injection of a hypodermic medication is:

A. in the outer surface of the upper arm
B. in the gluteal muscle of the buttock
C. determined by the purpose of the drug
D. dependent on the amount of fatty tissue on the extremities

52. The skin area must be cleansed before the hypodermic is given. Cleansing with an alcohol sponge is done by:

A. massaging the entire area thoroughly
B. starting at the outer limits of the injection site and moving to the center
C. a spray of alcohol under pressure
D. starting at the injection site and moving outward

53. The nurse gives the preoperative medication hypodermically, inserting the needle into the skin at a:

A. 30° angle
B. 45° angle
C. 75° angle
D. 90° angle

54. Subcutaneous injections must be given so that the drug is deposited:

A. under all layers of the skin
B. between the layers of the skin
C. into the muscle tissue
D. directly into the vein

55. The needle size most commonly used to give subcutaneous injections is:

A. 1 in x 22 gauge
B. 1 in x 25 gauge
C. 5/8 in x 25 gauge
D. 1½ in x 22 guage

56. When administering a drug by subcutaneous injection, the amount of drug to be injected should be limited to:

A. 5 cm^3
B. 0.1 cm^3
C. 2 cm^3
D. 3 cm^3

57. Before drawing insulin into a syringe, the nurse should remember to:

A. shake the vial vigorously
B. check the label
C. ask someone to observe
D. make sure the patient has eaten breakfast

58. U-40 insulin:

A. has 40 U of insulin per 1 cm^3
B. has 40 U of insulin per q 0.1 cm^3
C. is insulin made from pork
D. is double the strength of U-80 insulin

59. The V method may be used to administer drugs:

A. intravenously
B. intramuscularly
C. subcutaneously
D. hypodermically

60. The best muscle for the administration of an intramuscular injection is the:

A. gluteal muscle
B. deltoid muscle
C. bicep muscle
D. radial muscle

61. The outer cylinder of a syringe is called the:

A. plunger
B. cover
C. gauge
D. barrel

62. The sliding portion of a syringe is called the:

A. plunger
B. bevel
C. barrel
D. lumen

63. The space or channel through a needle is called the:

A. tip
B. gauge
C. lumen
D. bevel

64. The components of a syringe are the:

A. barrel, tip, calibrations, and plunger
B. barrel, pistol, hub, and tip
C. plunger, gauge, lumen, and calibrations
D. plunger, cover, hub, and calibrations

65. Length of needles used for injection range from:

A. 1 to 2½ in
B. ½ to 2 in
C. 1½ to 2 in
D. ½ to 4 in

66. Factors which effect the selection of syringes and needles are:

A. type of medication, route of administration, size, age, and condition of patient, and amount of medication
B. type of medication, color of medication, age, size and condition of patient, and route of medication
C. route of medication, type of medication, amount of medication, and desire of the patient
D. route of medication, site of injection, type of medication, and amount of medication

67. When caring for and cleaning syringes and needles, the nurse should remember:

A. needles and portions of syringes must be kept sterile at all times
B. needles are the important part of an injection system to keep sterile
C. syringes must be kept clean but not necessarily sterile
D. sterility is not a consideration when caring for syringes

68. Disposable syringes and needles should be disposed of:

A. in the waste basket in the patient's room
B. by breaking the needle and syringe and placing in a special container
C. by breaking the needle and putting in the trash in the work room
D. by sending them back to the pharmacy for special disposal

69. Ms. Smith, a patient in Room 222, was to have 10 units of regular insulin at 6:30 a.m. The nurse was busy and didn't get time to give Ms. Smith her insulin until 7:00 a.m. He/she should:

A. serve breakfast and give the insulin at the same time
B. omit breakfast and give the insulin
C. serve breakfast and omit the insulin
D. give the insulin and give breakfast 30 minutes later

70. Doses of all insulin preparations are measured in:

A. cubic centimeters
B. units
C. grams
D. milligrams

71. While ear drops are being administered, the patient should be:

A. lying face down on the bed
B. sitting up with head tilted forward
C. sitting up or lying down with head turned so that the affected ear is uppermost
D. sitting up with head tilted back

72. Which of the following is not one of the responsibilities of a nurse when administering medications?

A. Administer the medication on time
B. Prescribe the correct dosage
C. Be aware of the therapeutic effects of the medication
D. Know the appropriate route of administration

73. Irritating oral medicines will be ordered given pc in order to:

A. increase the appetite
B. stimulate digestion
C. increase absorption from the stomach before food dilutes it
D. mix the medicines with food in the stomach

74. The amount given by hypodermic injection should not exceed:

A. 0.5 ml
B. 1.0 ml
C. 2.0 ml
D. 3.0 ml

75. Oral medications such as Orinase cannot correctly be called:

A. effective
B. oral insulin
C. synthetic preparations
D. safe for older diabetics

76. Insulin given by IV in an emergency must:

A. act rapidly
B. be regular aqueous insulin
C. be fortified with zinc crystals
D. have a long effective period

77. Insulin is effective in the control of diabetes because it:

A. prevents accumulation of carbohydrates
B. neutralizes carbohydrates
C. lowers blood sugar by aiding carbohydrate metabolism
D. prevents fats from being changed to glucose

78. The nurse must remember to do which of the following before administering morphine?

A. Ask if the patient is nauseated
B. Check respirations for one full minute and not administer if the rate is below 10
C. Observe the patient for possible disorientation
D. Check to see if the patient needs a laxative

79. Insulin is produced in the body by the:

A. islands of Langerhans
B. kidneys
C. liver
D. spleen

80. 30 U of U-40 insulin could best be measured on the:

A. U-80 scale of a syringe
B. minim scale of a syringe
C. U-40 scale of a syringe
D. cm^3 scale of a syringe

81. A form of insulin which acts rapidly is:

A. protamine zinc
B. regular
C. NPH
D. lente

82. Some symptoms of insulin shock are:

A. nervousness, weakness, and hunger
B. nervousness, weakness, and vomiting
C. gradually developing nausea, vomiting, and loss of appetite
D. positive urine sugar, high blood sugar, and hunger

83. The practical nurse will recognize that the needle has slipped out of the vein when:

A. fluid accumulates in the tissues
B. the patient gets restless
C. the bed linen is damp
D. the solution is leaving the bottle too rapidly

84. To get 1 cm^3 of medication out of a 1 cm^3 ampule, it will be necessary for the nurse to:

A. use a 5 cm^3 syringe
B. draw air into the syringe equal to the amount of fluid in the ampule
C. tip the ampule gradually to get all the medicine drawn into the syringe
D. use a needle with a large lumen

85. The most effective way to obtain relaxation of the gluteal muscles is to place the patient:

A. on her/his side with both legs extended
B. in the dorsal recumbent position
C. in a modified Sims position
D. in the prone position with toes pointed inward

86. The most rapid effects of a medication will be obtained by giving it:

A. orally
B. hypodermically
C. intramuscularly
D. intravenously

87. The advantage of leaving a small air bubble in the syringe before the needle is inserted into muscular tissue is to:

A. cleanse the needle of all medicine
B. help liquify the drug so that it will not be so hard to give
C. make sure all medication is injected into the muscle
D. replace the air lost when the needle is inserted

88. Medication trays are set up in which following ways?

A. Left to right and front to back
B. Right to left and front to back
C. Left to right and back to front
D. Right to left and back to front

89. Which of the following is not checked for prn verification?

A. Cardex card
B. Daily medications sheet
C. Doctor's order sheet
D. Nurses notes

90. If you were told to give two minims of a drug to a patient, which of the following syringes would be best to use?

A. Insulin syringe
B. 2 cm^3 syringe
C. 5 cm^3 syringe
D. Tuberculin syringe

91. If you were told to give 0.1 cm^3 of a drug to a patient, which of the following syringes would be best to use?

A. Tuberculin syringe
B. 5 cm^3 syringe
C. 2 cm^3 syringe
D. Insulin syringe

92. Because the nurse who gives the medication must be sure the patient has taken it, instructions should be followed to:

A. always look in the patient's mouth
B. dissolve all pills and capsules so that they cannot be hoarded
C. find some way to give the medication by injection if the patient cannot be trusted to take medication orally
D. never leave medicine on the bedside stand for the patient to take ad lib

93. The angle of insertion of the needle for administration of medicine into muscle tissue is a:

A. 30° angle
B. 45° angle
C. 80° angle
D. 90° angle

94. The vaginal surface lies in folds. When instructing the patient in giving a douche, you should tell her that the vagina will be cleansed more effectively if she will:

A. raise the container of liquid as high as possible so the solution flows with maximum force
B. use a very strong Lysol solution
C. use a solution that is at least 125°F
D. gently rotate the douche nozzle while the irrigating fluid is flowing

95. To be sure that an irrigation procedure has the desired effect without harming body tissue, it is most important to:

A. use a steady, gentle stream to cleanse the area being irrigated
B. tell the patient to notify you if the irrigation becomes painful
C. allow the solution to trickle onto the area being irrigated
D. use only small gauge tubing for the irrigation

96. When administering an irrigation of any kind, the nurse must remember that:

A. the higher the vessel containing the liquid, the greater the pressure of the irrigating fluid
B. the higher the vessel containing the liquid, the less the pressure of the irrigating fluid
C. the lower the vessel containing the liquid, the higher the pressure of the irrigating fluid
D. it is the concentration of the liquid and not the level of the container that affects the pressure of the liquid

97. The diabetic person whose body does not produce enough insulin takes insulin by hypodermic. Such treatment is described as:

A. anti-infective
B. hormone therapy
C. essential
D. replacement therapy

98. Medicines can be most accurately recorded on the chart when the nurse:

A. charts each medication as soon as it is given
B. checks the doctor's order sheet before each medicine is charted
C. charts from pencilled notes made during each day
D. charts from the medicine tickets

99. If a medication normally has a precipitate, the label should read:

A. FOR LOCAL ADMINISTRATION ONLY
B. POISON
C. SHAKE WELL
D. FOR EXTERNAL USE ONLY

100. If the practical nurse is to give medicines safely, one of the first principles of administration that must be put into practice is:

A. knowledge of the average dosages of all common medicines
B. knowledge of the route of administration for each kind of medicine
C. to inquire if there is any doubt about the drug or the dose
D. the strictest sterile technique in their preparation

101. Eye irrigations are given for any of the following reasons except to:

A. cleanse
B. medicate
C. relieve inflammation
D. dilate the pupils

102. When irrigating an eye,:

A. irrigate from the outer to the inner canthus
B. hold the lower lid out and drop the medication inside it
C. irrigate from the inner to the outer canthus
D. hold the upper lid up and out

103. A precaution in eye instillations is to avoid dropping medication on:

A. either canthus
B. the conjunctiva
C. the cornea
D. the lashes

104. When instilling eye drops, the patient should look:

A. toward the right
B. up
C. down
D. toward the left

105. Ear irrigations should be given:

A. at high pressure to dislodge cerumen
B. with no precaution's taken for pressure because it's unimportant
C. at low pressure to avoid vertigo and pain
D. at cool temperatures to dislodge cerumen

106. After medication is instilled in an ear, the patient should lie on the:

A. back to prevent vertigo
B. affected side to drain excess medication
C. unaffected side to prevent loss of medication
D. back with head hyperextended

107. The position for vaginal irrigation is:

A. dorsal recumbent
B. lithotomy
C. Sims's
D. knee-chest

108. For a vaginal irrigation, the patient's hips should be:

A. level with the shoulders
B. slightly elevated
C. elevated about 18 inches
D. slightly lowered

109. After administering nose drops, the patient's head should be held:

A. hyperextended
B. erect
C. forward
D. to the side

110. A patient who is on a sodium restricted diet should not take:

A. belladonna tincture
B. paragoric
C. potassium
D. bicarbonate of soda

111. A patient has requested medication to relieve pain. You check the chart and find the physician has ordered an analgesic q 3 hours, prn. Before drawing up the medicine, the nurse should check:

A. the condition of the patient's skin
B. to see if the patient is sleeping
C. the last time the patient received this medicine
D. with the doctor

112. The abbreviation for ampule is:

A. ap
B. aq
C. amp
D. apo

113. Medications to treat senile vaginitis would be most effectively administered by:

A. mouth
B. hypodermic injection
C. intramuscular injection
D. suppository

114. Medications come prepared in different ways. Ampules are:

A. gelatin containers filled with one dose of medication
B. glass capsules that contain one dose of medication
C. dried, powdered drugs shaped into a disk
D. mixtures of drugs with a firm base such as Vaseline

115. Dulcolax is a medication to move the bowels. Anusol is a medication for relief of hemorrhoids. These are examples of:

A. lozenges
B. ointments
C. suppositories
D. emulsions

116. When administering medication, the nurse's chief concern should be:

A. securing the patient's cooperation
B. administering the average dose for every patient
C. complete accuracy in measuring and in giving the medication
D. the qualifications of the physician ordering the medication

117. The meniscus occurs because:

A. of the viscosity of the liquid
B. surface tension causes the liquid to pull up along the side of the glass
C. atmospheric pressure pushes down the center area of the liquid
D. of osmotic pressure between the glass and the liquid

118. The meniscus is:

A. concave
B. convex
C. straight
D. flat

119. For accuracy the amount of medication is read:

A. at the lowest point on the meniscus
B. at the highest point on the meniscus
C. between the highest and lowest point
D. at which ever point the nurse decides

120. When measuring liquid medication,:

A. do not shake first
B. pour on the label side
C. set the medicine glass on the table
D. wipe the neck of the bottle after pouring

121. The medication label should be read how many times?

A. Nine
B. Five
C. Three
D. Six

122. Insulin is given praenterally because:

A. it is easier to measure accurately
B. hormones are always given by injection
C. it is destroyed by digestive juices
D. many diabetics are children who wouldn't swallow oral medications

123. All forms of insulin can be given via:

A. IV
B. IM
C. sub-q
D. intradermally

124. Regular and semilente insulin have which of the following kinds of action?

A. Rapid
B. Intermediate
C. Slow
D. Regular acts rapidly and semilente acts slowly

125. With globin, NPH, and lente insulin, a hypoglycemic reaction is most likely to occur:

A. before lunch
B. in the late afternoon
C. in the early morning
D. at bedtime

126. Protamine zinc and ultralente insulin have which of the following kinds of action?

A. Rapid
B. Intermediate
C. Slow
D. Protamine zinc acts slowly and ultralente acts rapidly

127. A douche is:

A. the act of rubbing a substance into the skin
B. the softening of tissues from soaking
C. a stream of solution directed into a body cavity
D. temporary suspension of consciousness

128. Buccal means:

A. an opening or entrance into a cavity
B. beneath the tongue
C. pertaining to the cheek
D. fainting

129. Neosporin opthalmic solution is a/an:

A. ointment
B. lotion
C. liniment
D. instillation

130. Mustard plaster is an example of a/an:

A. ointment
B. douche
C. lotion
D. poultice

131. Zinc oxide is an example of a/an:

A. lotion
B. ointment
C. liniment
D. plaster

132. The purpose of an ointment is to:

A. relieve irritation
B. relieve soreness in muscles
C. relieve congestion in deeper tissues
D. cleanse an affected part

133. The formula for calculating the rate of flow for an IV is:

A. $\frac{\text{vol per hour x gtts/ml}}{\text{mins of infusion time}}$
B. $\frac{\text{total vol x gtts/ml}}{\text{mins of infusion time}}$
C. $\frac{\text{total vol - gtts/hr}}{\text{gtts/ml}}$
D. $\frac{\text{vol/min x gtts/ml}}{\text{hrs of infusion time}}$

134. Syncope means:

A. beneath the tongue
B. a temporary suspension of consciousness
C. pertaining to the cheek
D. the act of rubbing substance into the skin

135. Inuction means:

A. beneath the tongue
B. a temporary suspension of consciousness
C. pertaining to the cheek
D. the act of rubbing a substance into the skin

136. Maceration is:

A. the act of rubbing a substance into the skin
B. the softening of tissues from soaking
C. a stream of solution directed into a body cavity
D. temporary suspension of consciousness

137. To aspirate means to:

A. dissolve or spread thin
B. fix in place as with splints
C. withdraw fluid and/or gas from a cavity
D. cause an elevation of the skin surface

138. Infiltration refers to:

A. withdrawing fluid and/or gas from a cavity
B. dissolving or spreading thin
C. a process by which cells, fluid, or other substances pass into tissue spaces or into cells
D. causing an elevation of the skin surface

139. Patency means:

A. dissolving or spreading thin
B. causing an elevation of the skin surface
C. withdrawal of fluid from a cavity
D. the state of being open or unobstructed

140. An air embolus is:

A. the state of being open or unobstructed
B. a large amount of air in the heart or vascular system
C. a process by which cells, fluid or other substances pass into tissue spaces or into cells
D. an elevation of the skin surface

141. A wheal is:

A. withdrawal of fluid from a cavity
B. a large amount of air in the heart or vascular system
C. a suddenly formed elevation of the skin surfaces
D. a condition resulting from undue loss of fluid from the body

142. Which syringe and needle should the nurse use to administer a subcutaneous injection?

A. 2½ cm^3 syringe with a 1½ inch, 22 gauge needle
B. Tuberculin syringe with a ½ inch, 26 gauge needle
C. 5 cm^3 syringe with a 1½ inch, 20 gauge needle
D. 3 cm^3 syringe with a 1 inch, 24 gauge needle

143. Induration is:

A. a state of being open or unobstructed
B. a hardened area of tissue
C. a skin condition characterized by the appearance of itching and elevated welts or wheals
D. dissolving or spreading thin

144. Subcutaneous injections can be given into the:

A. abdomen
B. palmar surface of the forearm
C. scalp
D. vastus lateralis muscle

145. Hypodermoclysis can be given into the:

A. upper outer quadrant of the buttocks
B. palmar surface of the forearm
C. scalp
D. anterior or lateral surface of the thigh

146. An intravenous injection can be given:

A. into the scalp
B. under the breast
C. into the lateral surface of the upper arm
D. into the posterior surface of the thorax

147. The intradermal route is chosen:

A. when immediate effect is desired
B. for administering diagnostic agents
C. when drug effectiveness will be altered by the digestive system
D. when oral administration is inadvisable

148. Which syringe and needle should the nurse use to administer an intradermal injection?

A. Tuberculin syringe with a 1½ inch, 20 gauge needle
B. 5 cm^3 syringe with a 2½ inch, 21 gauge needle
C. Tuberculin syringe with a ½ inch, 26 gauge needle
D. 2½ cm^3 syringe with a ½ inch, 26 gauge needle

149. If a doctor writes a questionable order for a drug, the nurse should:

A. change the drug or dosage to the one the doctor should have ordered
B. wait until the doctor makes rounds to verify the order
C. consult with the doctor before administering the drug
D. inform the patient

150. Physicians' orders must be noted by:

A. a clerical employee
B. the pharmacist
C. a licensed person
D. the nursing supervisor

ANSWER SHEET
METHODS OF ADMINISTERING MEDICATIONS

1. D
2. B
3. D
4. B
5. D
6. B
7. B
8. A
9. D
10. D
11. A
12. C
13. C
14. A
15. C
16. B
17. A
18. C
19. A
20. C
21. B
22. A
23. D
24. B
25. B
26. A
27. A
28. D
29. B
30. B
31. C
32. A
33. C
34. B
35. B
36. A
37. C
38. D
39. B
40. C
41. A
42. D
43. B
44. C
45. C
46. C
47. B
48. B
49. A
50. D
51. A
52. D
53. B
54. A
55. C
56. C
57. C
58. A
59. B
60. A
61. D
62. A
63. C
64. A
65. B
66. A
67. A
68. B
69. D
70. B
71. C
72. B
73. D
74. C
75. B
76. B
77. C
78. B
79. A
80. C
81. B
82. A
83. A
84. C
85. D
86. D
87. C
88. C
89. B
90. D
91. A
92. D
93. D
94. D
95. A
96. A
97. D
98. D
99. C
100. C
101. D
102. C
103. C
104. B
105. C
106. C
107. A
108. B
109. A
110. D
111. C
112. C
113. D
114. B
115. C
116. C
117. B
118. A
119. B
120. D
121. C
122. C
123. C
124. A
125. B
126. C

127. C

128. C

129. D

130. D

131. B

132. A

133. B

134. B

135. D

136. B

137. C

138. C

139. D

140. B

141. C

142. D

143. B

144. A

145. D

146. A

147. B

148. C

149. C

150. C

[redacted]

CHARTING RESPONSIBILITIES

SECTION A
MEDICATIONS
UNIT XII
CHARTING RESPONSIBILITIES

1. If the nurse gives a prn medication for the relief of pain, the charting responsibility includes:

    A. recording the name of the doctor writing the order
    B. some notation on the narcotic record
    C. some observation of the effects of the drug
    D. a complete description of the method of preparation

2. If an injection of regular or semilente insulin is given at 7:30 a.m., a hypoglycemic reaction is most likely to occur:

    A. before lunch
    B. in the late afternoon
    C. in the early morning
    D. at bedtime

3. If an injection of protamine zinc or ultralente insulin is given at 7:30 a.m., hypoglycemia is most likely to occur:

    A. before lunch
    B. in the late afternoon
    C. in the early morning
    D. in the late evening

4. The untrue statement about oral hypoglycemics is that:

    A. a diabetic diet and close medical supervision is required during treatment with these agents
    B. oral hypoglycemics may be used alone or with insulin injections
    C. oral hypoglycemics are best for juvenile diabetics
    D. these synthetic compounds may eliminate the need for insulin for some diabetics

5. Institutional policies vary to a certain degree; however, it is required by law that:

    A. all medications be charted
    B. the patient be told exactly what medication is being administered
    C. the nurse call the doctor each time a medication is administered
    D. all medications are charted at the end of the shift

6. If a medication is omitted or refused, the nurse should:

    A. put the medicine back in a container and try to give it again at the next ordered time
    B. circle the time omitted and chart the reason in nurse's note
    C. leave the medicine near the patient with instructions to notify the nurse when it is taken
    D. force the patient to take the medication

ANSWER SHEET
CHARTING RESPONSIBILITIES

1. C
2. A
3. C
4. C
5. A
6. B

[redacted]

NURSING PRINCIPLES
AND SKILLS II

[redacted]

SURGICAL ASEPSIS

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNIT I
SURGICAL ASEPSIS

1. An area free of all microorganisms and spores is said to be:

   A. clean
   B. in a state of medical asepsis
   C. sterile
   D. in a state of surgical asepsis

2. Which of the following can be defined as the destruction of organisms which produce infection?

   A. Autoclave
   B. Disinfection
   C. Forceps
   D. Sterilization

3. Of the techniques important to medical asepsis, which requires the least equipment?

   A. Autoclaving
   B. Correct handwashing
   C. Sterilization or disinfection of articles to destroy known organisms
   D. Sterilization or disinfection of articles to destroy unknown organisms

4. Which of the following techniques important to surgical asepsis will sometimes require more than one person to accomplish?

   A. Maintenance of sterility of articles used for surgery
   B. Medical asepsis
   C. Scrubbing of hands and/or arms
   D. Sterilization of articles used for surgery

5. Which of the following will not contaminate a sterile field?

   A. Coughing or sneezing over it
   B. Reaching over it
   C. Brushing against it
   D. Keeping it dry

6. Which of the following is not good nursing procedure?

   A. To avoid touching the container with the bottle when pouring solutions
   B. To consider an article unsterile if there is any doubt
   C. To open sterile packages near the time of use
   D. To return unused materials to the sterile container

7. The method of sterilization that kills all organisms including spores is:

A. autoclaving
B. boiling
C. chemical disinfection
D. dry heat

8. Transfer forceps are usually:

A. contained in one inch of solution
B. sterilized with their container by autoclave or chemical disinfection
C. kept in a short, narrow glass or metal container of solution
D. short forceps with a narrow tip

9. When using transfer forceps, the nurse should:

A. keep the sterile tips apart when lifting them
B. always keep the tips pointed downward
C. keep two or more forceps in each container
D. touch the rim or the outside of the forceps container because it is not contaminated

10. A point to remember when using the transfer forceps is:

A. always resterilize forceps and container at least every four weeks
B. forceps can be used to apply dressings to a patient
C. the entire transfer forceps is sterile at all times
D. the one inch outer edge of the prepared field is considered contaminated

11. A general instruction concerning a dressing change would be:

A. adhesive tape is always used to secure dressings
B. all equipment should be assembled before removing the soiled dressing
C. dressing changes are never made by the doctor
D. frequency of dressing changes is influenced by the patient's desires

12. All of the following are reasons for applying a dressing except to:

A. absorb drainage
B. apply medication
C. promote contamination
D. promote healing

13. When removing sterile supplies from a canister, the nurse should remember to:

A. place the lid on the table with the inside of the lid facing down
B. drop supplies from forceps
C. leave the lid off the canister until dressing is finished
D. have someone else hold the lid during the dressing

14. A precaution that must always be taken when handling sterile articles is to:

A. use forceps
B. touch sterile articles only with other sterile articles
C. use them immediately
D. keep them in a porcelain container

15. If a nurse prepares to use a sterile tray and finds that the cotton wrapper around the tray is wet, the nurse should consider the equipment to be:

A. unsterile
B. sterile
C. unsterile but safe to use for some procedures
D. safe to use as long as the wrapper is removed before the tray is set up

16. In some cases when dressings must be changed quite frequently, the procedure will be less uncomfortable for the patient and easier for the nurse if the dressings are held in place with:

A. wide strips of adhesive tape
B. an abdominal binder
C. a T binder
D. Montgomery straps

17. When soiled dressings are removed from a wound, they should be:

A. discarded in the patient's wastebasket
B. placed at the foot of the patient's bed and discarded with the soiled linen
C. autoclaved before they are discarded to prevent cross-infection
D. wrapped in paper and discarded in a closed trash can in the utility room

18. There are always microorganisms in the environment which in some individuals and under some circumstances can cause illness. Hospitalized patients are especially susceptible to disease producing microorganisms because:

A. they are not allowed out of bed
B. their body defenses are weakened by illness
C. they do not observe medical asepsis
D. visitors are continually causing cross-contamination

19. Before the nurse handles the sterile forceps or the dressings, his/her first action should be to:

A. sterilize the skin surface
B. burn the soiled dressings
C. wash hands thoroughly
D. protect the bedding with a sterile sheet

20. Hands will be considered thoroughly washed if:

A. a brush is used
B. surgical soap is available
C. a disinfectant is used
D. soap, friction, and running water are used

21. The technique of surgical asepsis is used to:

A. protect a patient from any disease germs in the environment
B. protect the nurse from any germs the patient has
C. keep disease organisms isolated to the sick patient only
D. protect the patient from any germs the nurse has

22. When the nurse removes sterile forceps from the solution container, she/he is especially careful to:

A. shake off all the excess moisture from the forceps
B. avoid touching the sides or the top of the container
C. keep the forceps blades widely separated
D. keep his/her arm directly over the container opening

23. While using sterile forceps, the practical nurse must constantly be aware that the forceps will become contaminated if she/he:

A. fails to wash his/her hands before using them
B. shares them with another nurse
C. holds the prongs upward
D. touches the cotton ball after it is removed from a container

ANSWER SHEET
STERILE TECHNIQUE

1. C
2. D
3. B
4. A
5. D
6. D
7. A
8. B
9. B
10. D
11. B
12. C
13. B
14. B
15. A
16. D
17. D
18. B
19. C
20. D
21. A
22. B
23. C

[redacted]

VENTILATION AND
ADMINISTRATION OF
OXYGEN

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNITS II AND III
VENTILATION AND ADMINISTRATION OF O_2

1. The inspiration and expiration of air from the lungs is called:

   A. atelectasis
   B. hyperventilation
   C. hypoxia
   D. ventilation

2. All of the following are factors necessary for normal respiration except:

   A. adequate oxygen supply
   B. patent airway
   C. positive pressure breathing
   D. sufficient hemoglobin and an ample volume of blood

3. Which of the following statements is not a principle of ventilation?

   A. Without oxygen a brain begins to die within 10 to 15 minutes
   B. Any obstruction in the air passageway can decrease or stop respiration
   C. Coughing, swallowing, and sneezing are physiological means by which the respiratory tract is cleared
   D. Incomplete expansion of the lungs during respiration can result in atelectasis

4. Which of the following is subjective data relating to respiratory status?

   A. Character: the effort required and the muscles involved in respiration
   B. Color changes of skin
   C. The patient's description of the respiratory impairment
   D. Chest X-ray

5. Which of the following is not an influence which may predispose one to respiratory difficulty?

   A. Air pollution
   B. Exercise
   C. Poor posture
   D. Smoking

6. Of the following, which is a nursing measure to increase respiratory efficiency?

A. Changing and adjusting position frequently
B. Immobilization
C. Trauma
D. Use of narcotics and other drugs

7. Involuntary physiological processes which increase tidal volume are:

A. inhaling through nose and exhaling through mouth
B. breathing exercises
C. sitting and being in a supine position
D. yawning and sighing

8. The coughing sequence consists of which of the following?

A. A deep inhalation, rapid closing of the glottis, and a violent expulsion of air
B. An initial irritation, deep inhalation, tight closing of the glottis, and a sudden noisy expulsion of air
C. Effective expelling of debris by violent expulsion of air
D. Sitting up, slight inhalation, and slight expulsion of air

9. The purpose of respiratory suctioning is to:

A. decrease air exchange
B. effect the cough sequence
C. relieve obstruction to facilitate air exchange
D. increase air exchange

10. All of the following are precautions to observe in oronasal suctioning except:

A. the patient taking a deep breath before suctioning
B. inserting the tip gently with a rotation movement
C. not applying suction during introduction of the suction tip
D. placing the patient in a head down position

11. Postural drainage refers to:

A. a procedure done after a meal
B. discouraging the patient from coughing
C. positioning the patient so gravity assists movement of secretions
D. normal movement of secretions

12. Which of the following oxygen delivery routes is usually most comfortable for the patient and most commonly used?

A. Facial mask
B. Nasal cannula
C. Nasal catheter
D. Oxygen tent

13. In hypoxia or oxygen deficiency, cyanosis usually manifests itself first in the:

A. fingernails and eyes
B. lips and around the eyes
C. lips and fingernails
D. toes and ear lobes

14. A principle of oxygen administration is:

A. all oxygen administered therapeutically need not be humidified
B. life can be sustained without oxygen for ten hours
C. the human body can store up to ten liters of oxygen
D. oxygen supports combustion

15. When a piped-in supply of oxygen is used:

A. a valve on top of the cylinder turns the oxygen off and on
B. oxygen flows from a central source at 50 to 60 square inches of pressure
C. the cylinder has a steel cap to protect the valve
D. the oxygen is under pressure of 2000 pounds or more per square inch

16. Which of the following is not a safety factor when using oxygen?

A. An open flame and sparks must be avoided
B. Any use of electrical devices should be avoided or discontinued
C. Many types of fabric may be worn at any time where oxygen is administered
D. NO SMOKING and OXYGEN IN USE signs must be posted on door and in the area where oxygen is being used

17. Which of the following is an unsafe factor when using oxygen cylinders or tanks?

A. Any source of heat such as a radiator
B. A marked unused cylinder indicating the remaining oxygen
C. A cylinder strapped to a stationary object when in use
D. A cylinder transported securely fastened to a wheeled carrier

18. Which method of administration delivers the highest concentration of oxygen?

A. Oxygen tent
B. Facial mask
C. Nasal cannula
D. Nasal catheter

19. Which means of administering oxygen would be used for the large infant or small child?

A. Bubble
B. Hood
C. Incubator or isolette
D. Mist or croupette

20. A nebulization device that can be controlled by the patient is a:

A. bulb atomizer
B. humidifier
C. large nebulizer in an oxygen flowline
D. small nebulizer in an oxygen flowline

21. The abbreviation IPPB stands for:

A. intermittent positive pole breath
B. intermittent positive pressure breathing
C. interpressure pump breathing
D. intrapump positive breath

22. The patient will be positioned for postural drainage to help:

A. secretions drain from the bronchi
B. increase the blood supply to the lungs
C. clear the chest for an X-ray
D. rest the affected part

23. Postural drainage can be effective only if it is based on:

A. getting the lungs lower than the trunk of the body
B. the emotional outlook of the patient
C. the physical condition of the patient
D. changes in the color of the patient

24. The success of the postural drainage procedure is determined by the:

A. reaction of the patient
B. color of drainage collected
C. laboratory reports
D. changes in the patient's temperature, pulse, and respiration

25. The effects of postural drainage can be increased if the nurse will encourage the patient to:

A. remain in position at least one hour
B. keep talking during the procedure
C. roll from side to side
D. breathe deeply or cough

26. For the patient's safety, the supplies collected for oxygen administration must include a/an:

A. heavy woolen blanket
B. NO SMOKING sign
C. electric fan
D. NO VISITORS sign

27. The procedure for "cracking" an oxygen tank consists of:

A. opening the valve outlet full force
B. allowing one liter to flow through the valve
C. opening the valve slightly and closing it quickly
D. removing dust from the valve by suction

28. A patient regains consciousness in an oxygen tent. To ease apprehension, the nurse may explain the necessity of the tent by saying,:

A. "You will die if we take you out of the tent."
B. "Think nothing of it; many patients are placed in oxygen tents."
C. "The tent provides oxygen to make your breathing easier and you more comfortable."
D. "The body must have oxygen to live. You are too sick to get enough oxygen out of the air. This tent makes it possible for you to survive."

29. A high percentage of humidity is necessary when giving a patient nasal oxygen because:

A. it makes the patient have a feeling of security
B. it keeps the patient from becoming delirious
C. oxygen alone would be very drying to the mucous membranes and cause discomfort
D. water keeps the oxygen from igniting

30. Carbon dioxide and oxygen inhalation are given postoperatively to:

A. increase the depth of respirations
B. relieve pain
C. increase the pulse rate
D. decrease the chance of infection

31. The nurse can determine how far the nasal catheter must be inserted into the nose by:

A. measuring off 10 inches on the catheter
B. the age of the patient
C. checking the passage of the tube while the patient keeps his/her mouth open
D. checking the distance from the tip of the nose to the tip of the ear

ANSWER SHEET
VENTILATION AND ADMINISTRATION OF O_2

1. D
2. C
3. A
4. C
5. B
6. A
7. D
8. B
9. C
10. D
11. C
12. B
13. C
14. D
15. B
16. C
17. A
18. A
19. D
20. A
21. B
22. A
23. C
24. A
25. D
26. B
27. D
28. C
29. C
30. A
31. D

CATHETERIZATIONS

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNITS IV AND V
NURSING CATHETER AND INDWELLING CATHETER

1. The length of the male urethra is approximately:

   A. 4 to 5 in
   B. 5 to 6 in
   C. 7 to 8 in
   D. 9 to 10 in

2. The length of the female urethra is approximately:

   A. ½ to 1 in
   B. 1½ to 2 in
   C. 2 to 3 in
   D. 3 to 4 in

3. During catheterization of a female patient, the catheter touches the meatus but then slides downward on the perineum and does not enter the urethra. The nurse's next action should be to:

   A. get better lighting
   B. recleanse the area
   C. obtain a sterile catheter
   D. cleanse the catheter with the remaining cleansing solution

4. The most essential point to remember in cleansing the female perineum for catheterization is to cleanse:

   A. in a circular motion
   B. from inner to outer areas
   C. toward the anus
   D. in any manner as long as it is done thoroughly

5. A drape with a hole in it is called:

   A. fenestrated
   B. sequestered
   C. windowed
   D. by no special name

6. Which of the following needs to be charted after performing a catheterization?

   A. The name of the procedure and the time it was performed
   B. Those aspects that differ from a routine catheterization procedure
   C. Time, procedure performed, and amount and appearance of urine
   D. Type and size of catheter

7. A urinary catheterization is a/an:

   A. cleansing of a body cavity with water or other fluid using a catheter
   B. method of urine removal
   C. removal or injection of fluids
   D. insertion of a catheter through the urethra into the urinary bladder

8. A nursing measure which may induce urination is:

   A. giving the patient something to read to avoid thinking about the problem
   B. telling patient that he/she will have to be catheterized if she/he does not void
   C. placing patient in a normal position for voiding unless contraindicated
   D. maintaining adequate fluid intake

9. One purpose of catheterization is to:

   A. relieve urinary retention
   B. save time in getting a patient to void
   C. be sure the patient has voided
   D. pursue measures to induce urination

10. The material used most often for catheters is:

   A. glass
   B. rubber
   C. metal
   D. silicone, usually disposable

11. The most effective type of indwelling catheter is called a:

   A. French catheter
   B. coude catheter
   C. Foley catheter
   D. straight catheter

12. An indwelling catheter is used:

   A. to relieve urinary retention
   B. to obtain a sterile urine specimen
   C. to avoid spending time getting the patient to void
   D. for continual bladder drainage

13. The five physiological principles and nursing responsibilities of urinary catheterization are:

   A. neatness, reason, comfort, kindness, and economy
   B. safety, comfort, effectiveness, neatness, and economy
   C. economy, reason, comfort, neatness, and thoughtfulness
   D. comfort, reason, knowledge, thoughtfulness, and neatness

14. A straight catheter is one that is:

A. commonly referred to as a mushroom catheter
B. sometimes used when a patient has urinary retention
C. used only when the patient can not retain urine in the bladder
D. used to collect a midstream voided specimen

15. The indwelling catheter is a:

A. tube for removing or injecting fluids
B. continuous urinary drainage system
C. drainage system
D. catheter which is left in the bladder to maintain constant drainage

16. The advantage of natural bladder irrigation is that it:

A. saves time
B. is easier
C. aids in cleaning the urinary tract
D. protects against the introduction of microorganisms into the urinary tract

17. Two systems of urinary bladder drainage are:

A. straight and open
B. straight and closed
C. open and closed
D. manual and siphon

18. Nursing responsibilities in caring for a patient with an indwelling catheter include all of the following except:

A. use of sterile technique when irrigating an closed system
B. care in helping patient to ambulate with indwelling catheter
C. being kind to the patient
D. keeping the urine container above the level of the bladder

19. The purpose of irrigation is to keep the:

A. patient comfortable
B. catheter open
C. odor down
D. patient happy that he/she isn't forgotten

20. The two types of irrigation systems are:

A. open and closed
B. manual and closed
C. straight and open
D. manual and open

21. Safety precautions for manual irrigations include:

A. injecting only the amount of solution necessary
B. being kind to the patient
C. using care in the irrigating system
D. using sterile technique and irrigating only as ordered

22. A urine specimen is obtained from an open system of an indwelling catheter by:

A. cleansing the catheter at area of connection, then disconnecting the catheter and draining the specimen into a sterile container
B. disconnecting the catheter and draining the urine into a sterile container
C. removing urine from storage bag and draining it into a sterile container
D. having the patient void through the catheter

23. A urine specimen is obtained from a closed system of an indwelling catheter by:

A. removal of the specimen from the storage bag
B. withdrawing the specimen using a syringe and small gauge needle
C. disconnecting the catheter and draining urine into a sterile container
D. cleaning the distal end of catheter with an antiseptic and withdrawing the specimen with a sterile syringe and small gauge needle which is inserted in the cleansed area of the catheter and then removed

24. An indwelling catheter is removed:

A. only on the order of the physician
B. when the patient wants it removed
C. when the patient doesn't need it any longer
D. when it is not draining well

25. When emptying the drainage bag of urine, the nurse must:

A. always keep the drainage bag 18 inches above the level of the patient's bladder to facilitate drainage by gravity
B. disconnect the bag from the tubing, take it to the patient's restroom, and empty it with the drainage tube at the bottom of the bag before measuring the contents
C. measure accurately and record the amount on the I and O sheet
D. accurately describe the characteristics of the urine collected in the bag and record this as the patient's current urine output

26. Which answer is not correct? Patients are usually catheterized:

A. to relieve retention of urine when they are unable to void
B. to remove urine remaining in the bladder when voiding only partly empties it
C. to prevent urine from touching stitches in the perineum after surgery
D. whenever they are incontinent, even if they are only incontinent once. This will keep the patient dry and prevent bedsores

27. One of the major places where germs multiply in the drainage system achieved by catheterization is in the:

A. urinary bladder
B. connecting tubing when pinned properly
C. drainage bag
D. inflatable balloon which holds the catheter in the bladder

28. When the nurse explains to the female patient that she is going to be catheterized, it is appropriate for the nurse to tell her that:

A. catheterization is painful; however, if she breathes deeply at the time of insertion, it will help her to relax and the procedure will not be so painful
B. the catheter will be inserted four to five inches through the tube which leads to your bladder
C. catheterization is generally not painful. She may feel a sensation of pressure or a desire to urinate
D. if this procedure is painful, it is only because she has decided it will be painful

29. During the female catheterization procedure, if the nurse is called out of the room for five minutes for an emergency immediately after cleansing the urethral opening, the nurse should:

A. caution the patient not to touch the sterile equipment
B. put on a new pair of sterile gloves when returning to the room and complete the procedure
C. consider the entire open catheter tray contaminated because it was out of range of vision for a short time
D. immediately proceed with the catheterization after thoroughly washing the hands

30. Catheters are graded on the French scale. The sizes normally ordered for adult female patients are:

A. 4 and 6 Fr.
B. 14 and 16 Fr.
C. 20 and 22 Fr.
D. 8 and 10 Fr.

31. The most commonly used position for the female catheterization is the:

A. dorsal recumbent position
B. dorsal lithotomy position
C. prone position
D. semi-Fowler's position

32. When irrigating a catheter, the technique used is:

A. clean
B. sterile
C. aseptic
D. antiseptic

33. When irrigating, the nurse:

A. must use force to counteract gravity
B. must let the solution flow in by gravity
C. need not worry about gravity
D. need not worry about the force of gravity and its effect on the solution

34. When a patient has a Foley catheter, raising the tubing above the level of the bladder:

A. aids drainage
B. causes reflux of urine into the bladder
C. makes no difference as long as the drainage bag is in proper position
D. removes mucus plugs in the tubing

35. When a patient has a Foley catheter, the nurse should immediately check to see if the:

A. tubing and drainage bag are below the level of the bladder
B. end of the tubing is below the level of the bladder
C. tubing is kinked and attached to the siderails
D. tubing is secured to the bed with no slack

ANSWER SHEET
NURSING CATHETER AND INDWELLING CATHETER

1. C
2. C
3. C
4. C
5. A
6. C
7. D
8 C
9. A
10. D
11. C
12. D
13. B
14. B
15. D
16. D
17. C
18. D
19. B
20. B
21. D
22. A
23. D
24. A
25. C
26. D
27. C
28. C
29. C
30. B
31. A
32. B
33. B
34. B
35. A

[redacted]

ISOLATION

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNIT VI
ISOLATION

1. Some hospitals do not require the nurse to put on a fresh gown each time she/he enters an isolation unit. If a nurse is putting on a previously worn gown he/she must remember that:

   A. only the outside is "clean"
   B. the entire gown is contaminated
   C. the entire gown is considered to be "clean"
   D. only the inside of the gown is considered "clean"

2. In isolation technique, a mask is worn by the nurse for the purpose of protecting the:

   A. patient from reinfection
   B. patient from cross-infection from other patients
   C. nurse from droplet infection
   D. nurse from direct contact with microorganisms on the inanimate objects in the patient's room

3. If a patient has a disease that can be spread by droplet infection, what type of isolation or precaution would be used to avoid infection of others?

   A. Enteric precautions
   B. Blood precautions
   C. Respiratory isolation
   D. Protective isolation

4. Which of the following would be most important in the care of a patient with gonorrhea?

   A. Using protective isolation technique
   B. Being very careful with secretions, especially avoiding contamination of the nurse's eyes
   C. Wearing gown and mask each time direct contact with the patient is necessary
   D. Soaking all linens in disinfectant before sending them to laundry

5. When caring for a patient with syphilitic lesions of the mucous membranes, the nurse must use:

   A. strict isolation until the patient is discharged
   B. secretion precautions until 24 hours after effective therapy
   C. respiratory precautions during entire course of the illness
   D. enteric precautions until the culture returns negative

6. The virus causing infectious hepatitis escapes from the body via:

   A. respiratory secretions
   B. open wounds
   C. bowel discharge
   D. an unknown route

7. The practical nurse notices that the urine of a patient with infectious hepatitis has a dark color. This is a sign of:

   A. dehydration
   B. bile and other substances resulting from liver damage
   C. the terminal stage of the disease
   D. inadequate food intake

8. The purpose of isolating a patient with a communicable disease is to:

   A. provide better nursing care
   B. provide rest for the patient
   C. protect others from the disease
   D. carry out proper disinfection

9. The control of communicable disease in the community is the responsibility of:

   A. the public health department
   B. the state health department
   C. each citizen
   D. the city government

10. Reverse or protective isolation refers to:

   A. the use of disposable or sterile food containers
   B. the cleanliness of all equipment going out of a unit
   C. a procedure to protect patients
   D. surgical procedure

11. Double bagging means:

   A. removal of contaminated materials from an isolated unit
   B. materials are carried out by two persons
   C. bags are labeled to indicate what contaminated materials are inside
   D. a method of removing contaminated materials from an isolated unit by placing the contaminated bag from unit into a clean bag held by a person outside the unit

12. Isolation procedures for listed articles or procedures:

   A. should follow isolation procedures of the facility and the specific procedures for the specific disease associated with each listed article
   B. specify that dressings and contaminated tissues should be burned
   C. specify that most linens can be laundered
   D. specify that only needed linen should be used

13. The emotional needs of an isolated patient are met by:

A. leaving the patient alone
B. explaining what is permitted in the unit
C. explaining reasons for isolation and how it is carried out
D. explaining to patient the reason for and how isolation is carried out and providing reassurance and empathy

14. Medical asepsis is a technique used to:

A. prevent the spread of infection during a surgical procedure
B. eliminate all organisms from any object coming in contact with the patient
C. prevent the spread of disease from one person to another
D. remove bacteria from all objects that come in contact with an open wound

15. Medical asepsis is carried out by:

A. sterilizing all objects in the patient's environment
B. administering antibiotics to the patient in an effort to prevent infection
C. observing strict aseptic technique when giving any kind of nursing care
D. observing the basic principles of cleanliness and sanitation

16. A nursing procedure that is considered very important in preventing the spread of infectious diseases is:

A. isolation of all patients suspected of having an infection
B. wearing rubber gloves when performing nursing procedures for surgical patients
C. washing the hands thoroughly before and after each contact with a patient
D. sterilizing the hands with a strong germicide at least once a day

17. Once a patient has been admitted to an isolation room, everything in the room must be considered contaminated. The word contaminated refers to the presence of:

A. dirt or dust on an object
B. living pathogenic microorganisms in or on an object or person
C. body secretions in or on an object
D. harmless bacteria in or on an object

18. Hand washing is considered to be of primary importance when caring for a patient with a communicable disease chiefly because:

A. most patients with a communicable disease have copious drainage of body fluids
B. gloves are not effective barriers against bacteria
C. the hands are used for many nursing tasks; therefore, they are capable of spreading infection very easily
D. it is the quickest and most effective method for destroying bacteria

19. If the policy of the isolation unit is to consider the handles of the water faucets contaminated, the nurse must remember to:

A. leave the water running until her/his hands are clean
B. get someone else to turn off the water
C. put on a rubber glove so the faucet handle can be touched
D. use a paper towel to turn off the water

20. Isolation is defined as:

A. protecting the patient from the environment
B. protecting the environment from the patient
C. the use of surgical asepsis
D. the patient's right to have visitors

21. Isolation technique is defined as:

A. separating infected persons from others who are [illegible] infected
B. nursing care procedures to prevent the spread of infections or contagious diseases from one person to another
C. separation of one group of people from the total population to prevent the spread of disease
D. separation of contaminated material

22. Diseases are spread by:

A. contact, vehicles, the airborne route, and vectors
B. food, water, milk, and insects
C. ticks, food, and medication
D. contaminated water, food, medication, or blood from an infected person

23. The spread of a disease is prevented by:

A. destroying organisms which cause the disease
B. destroying all of the excreta of the infected patient
C. isolating the organism
D. disinfecting the excreta of the infected patient

24. The purpose of isolation technique in a health facility is to:

A. protect the infected patient from added disease and others from coming in contact with the infected patient
B. protect the infected patient from added disease
C. separate persons having an infection
D. protect the health facility

25. Isolation technique for diseases affecting specific systems should:

A. prevent the spread of infection or disease from one person to another by isolating the patient and everything that is contaminated
B. prevent the spread of disease by using procedures specified for diseases affecting specific body systems
C. involve isolation of excreta
D. include isolating the patient and everything with which the patient comes in contact

ANSWER SHEET
ISOLATION

1. D
2. C
3. C
4. B
5. B
6. C
7. B
8. C
9. C
10. C
11. D
12. A
13. D
14. C
15. D
16. C
17. B
18. C
19. D
20. B
21. B
22. A
23. C
24. A
25. B

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PREOPERATIVE AND
POSTOPERATIVE TECHNIQUE

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNIT VII
PRE- AND POSTOPERATIVE TECHNIQUE

1. Before preparing a preoperative medication, the nurse should check the patient's chart to determine:

   A. postoperative orders
   B. the presence of a signed surgical permit
   C. when the patient last voided
   D. when food and fluids were last given to the patient

2. The nurse knows that a patient in a full body cast must be kept in good body alignment. To accomplish this postoperatively, the nurse will prepare the bed with:

   A. an air mattress
   B. foam rubber pillows
   C. siderails
   D. a bedboard

3. The nurse uses the call bell to get some assistance with a patient in shock. After calling for help, the nurse should counteract the process of shock by:

   A. keeping the patient cool and dry
   B. applying cold compresses to the forehead
   C. putting the patient in Fowler's position
   D. elevating the foot of the bed

4. As soon as the blood pressure is stabilized and the post-op patient is well oriented, the nurse may add to the patient's comfort by:

   A. stopping all IV fluids
   B. giving a partial bath, back rub, and oral hygiene
   C. giving warm milk to relieve nausea
   D. covering the patient with a bath blanket and leaving

5. The post-op patient is encouraged to take deep breaths and move about as much as possible to help:

   A. regain strength more rapidly
   B. prevent unnecessary fatigue
   C. avoid the onset of gas pains
   D. prevent pulmonary and circulatory complications

6. Surgery scheduled at the convenience of the patient is:

   A. elective
   B. required
   C. emergency
   D. reconstructive

7. When does the preoperative period begin?

A. The night before surgery
B. On admission
C. When the surgical permit is signed
D. When the physician writes the order

8. The type of diet frequently used immediately following surgery is a:

A. soft diet
B. light diet
C. full liquid diet
D. clear liquid diet

9. Fluids by mouth are generally restricted postoperatively until:

A. the second postoperative day
B. nourishing fluids can be tolerated
C. the first postoperative day
D. the swallowing reflex has been regained

10. Intravenous fluids are often given to the postoperative patient to:

A. keep the mouth from becoming dry
B. help the kidneys function better
C. replace body fluids lost in surgery
D. stimulate circulation

11. The amount, type, and frequency of vomiting during the postoperative period are important to record because they:

A. indicate the patient is nauseated
B. show the physician the nurse is alert
C. tell the doctor something about the patient's fluid balance
D. provide an early sign of shock which should be corrected quickly

12. Mr. Jones is scheduled for exploratory surgery in the morning. The sensitive nurse will recognize that the time spent in the evening care procedure can be used to encourage:

A. passive exercise
B. the patient to talk
C. bed exercise
D. occupational therapy

13. In most open wounds, the nurse must be aware of the dangers of:

A. inflammation
B. bacterial invasion
C. hemorrhage and infection
D. thrombus formation

14. A surgical incision that is not infected will heal by:

A. first intention
B. second intention
C. primary healing
D. forming a scar

15. A surgical incision will become infected only if:

A. some organ has been removed
B. body fluids are draining through the incision
C. bacteria invade the tissues
D. contaminated materials are left in the incision

16. Healing cannot begin in an open wound as long as:

A. the skin edges do not come together
B. healthy cells are reproducing themselves rapidly
C. any infection is present
D. the dietary intake is adequate

17. The word suppuration refers to:

A. the death of cells
B. the formation of pus
C. cleaning out an infected area
D. the death of cells due to pressure

18. A cleanly incised wound will heal more rapidly than a lacerated wound because:

A. less tissue is torn
B. it is always a sterile wound
C. the wound edges come together in an even line
D. it is an open wound

19. One of the nurse's main responsibilities in helping maintain a normal fluid and electrolyte balance in a postoperative patient is:

A. ordering a daily laboratory test of electrolytes
B. encouraging the patient to eat properly
C. carefully measuring and recording the patient's intake and output
D. forcing fluids by mouth

20. Ms. G's surgeon wishes for her to be out of bed the first postoperative day. A very serious complication that is frequently avoided by early ambulation is:

A. thrombophlebitis
B. nausea
C. ankylosis
D. muscle spasm

21. Ilopan and Prostigmin are examples of drugs given to:

A. relieve pain
B. reduce secretions
C. stimulate peristalsis
D. relieve nausea

22. Passive and active exercises perform all of the following functions except:

A. stimulation of circulation
B. prevention of venous stasis
C. prevention of contractures and loss of function
D. prevention of venous return

23. Ms. G's physician scheduled her for surgery two days after her admission. The evening before surgery, the operative area is shaved primarily because:

A. hair on the skin prevents proper application of surgical dressings
B. hair harbors bacteria and predisposes the patient to infection
C. only skin that has had all hair removed can be sterilized
D. it is more difficult to remove adhesive tape from skin that has not been shaved

24. Ms. G. does not wish to have her wedding band removed before surgery. In this case it would be best to:

A. remind the patient that the nurse cannot be held responsible for its loss
B. tell her the surgery will be cancelled if she arrives in the operating room with any kind of jewelry on
C. notify the physician of the patient's refusal to cooperate with hospital policy
D. put a loop of cotton gauze through the ring and anchor it to her wrist so the ring will not be lost it if slips off her finger

25. Immediately after surgery, Ms. G. is taken to the recovery room. When her family asks how long she will remain there before returning to her room, the nurse should answer:

A. about an hour
B. until the surgeon can get around to checking her
C. just a little while longer unless she develops some serious complications
D. until she recovers from the anesthetic

26. If Ms. G. begins vomiting before she fully recovers from the anesthetic, it would be best to:

A. place a pillow under her head to reduce gagging
B. turn her on her to the side to prevent aspiration of vomitus
C. place a cool cloth on her head to reduce the nausea
D. insert an airway to help maintain good respiration

27. When a patient returns from the operating room with a retention catheter in the bladder, the nurse is responsible for:

A. removing the catheter immediately
B. attaching the catheter to the drainage bottle and observing the patient's output
C. irrigating the catheter every 15 minutes to be sure it is open and draining well
D. attaching the catheter to an electric suction machine

28. All postoperative patients must be watched carefully for signs of shock. The symptoms of shock include:

A. high blood pressure, flushed skin, and bounding pulse
B. low blood pressure, rapid pulse, and cold clammy skin
C. sudden drop in blood pressure and decreased respiratory rate
D. high blood pressure and weak and thready pulse

29. When checking Ms. G's surgical dressings after surgery, it is most important to:

A. change the dressings every hour
B. wear sterile gloves
C. report any signs of excessive drainage or bright red blood
D. remove all dressings each time they are checked

30. If Ms. G complains of feeling chilly after returning to her room, the nurse should:

A. supply several hot water bottles and extra blankets
B. recognize this as a definite symptom of shock and notify the physician
C. realize that Mrs. G. is probably hemorrhaging internally
D. provide additional warmth so that body temperature is maintained

31. Ms. G. should be encouraged to cough and breathe deeply after surgery. The main purpose of this is to:

A. prevent shock
B. eliminate the danger of thrombosis
C. avoid oxygen deficiency
D. prevent pulmonary complications such as hypostatic pneumonia

32. The purpose of preoperative skin preparation is to:

A. sterilize the skin
B. make the patient feel more comfortable
C. make the skin as free as possible from microorganisms
D. minimize the danger of postoperative hemmorrhage

33. Fluids are withheld preoperatively to:

A. prevent postoperative diarrhea
B. prevent postoperative pneumonia
C. prevent postoperative constipation
D. minimize the danger of aspiration

34. Postoperative pneumonia may be caused by all of the following except:

A. failure to expand the lungs sufficiently
B. inadequate fluid intake
C. accumulation of fluid in the lungs
D. failure to cough up mucus

35. Cyanosis is caused by:

A. the presence of blood in the capillaries
B. the presence of acid substances in the blood
C. improper aeration of the blood
D. an obstruction of the respiratory passages

36. Routine preoperative care consists of all of the following except:

A. a thorough physical examination
B. a light, highly nourishing diet
C. personal hygiene
D. an enema

37. Immediate postoperative care consists of:

A. giving a bed bath
B. leaving the patient on her/his back
C. taking the patient's blood pressure every eight hours
D. turning the patient and encouraging coughing and deep breathing

38. A rectal tube inserted for the purpose of expelling flatus is:

A. left in place for two hours
B. well lubricated before insertion
C. the largest sized tube
D. inserted whenever the patient desires

39. Gastric suction siphonage is done to:

A. irrigate the stomach
B. relieve distention
C. give oxygen to the patient
D. tube feed the patient

40. Ms. Gibson, age 45, is admitted to the hospital's surgical unit. She has had a gastric ulcer for several years and recently began having episodes of nausea with emesis of bright red blood. The morning after admission to the hospital, Ms. Gibson is scheduled for x-ray studies of the intestinal tract. Diagnostic tests such as x-ray studies are:

A. usually not done during the preoperative period
B. ordered by a physician who is not familiar with the patient's history
C. frequently done during the preoperative period to help establish a diagnosis
D. routinely performed on every sugical patient admitted to the hospital

41. The evening before surgery, Ms. Gibson asks why she cannot have a bedtime snack because she always sleeps better if she has something to eat each night. The best answer to this question is that:

A. hospital policy forbids giving patients bedtime snacks
B. the hopital kitchen is closed, but the patient can have a snack if the family will get it
C. surgical patients are restricted from food and fluids to avoid nausea and vomiting immediately after surgery
D. any foods or fluids taken before surgery will cause improper absorption of the anesthetic during surgery

42. The anesthesiologist has requested that Ms. Gibson's dentures be left in her mouth when she is sent to the operating room. This request is probably made because:

A. Ms. Gibson does not want to remove her dentures for cosmetic reasons
B. there is really no sound reason for removing the dentures before a general anesthetic is administered
C. some forms of anesthesia can be administered more easily if the dentures are left in the mouth
D. there is less danger of misplacing the dentures if they are never removed from the patient's mouth during her hospital stay

43. During general anesthesia, there is usually a loss of voluntary control of the sphincter muscles. For this reason, the nurse should:

A. always insert a urinary catheter into the bladder before the patient is sent to the operating room
B. offer a bedpan or urinal just before the patient is sent to the operating room
C. force fluids several hours before surgery to avoid urinary retention postoperatively
D. ask the patient several times during the night before surgery to void so the bladder will be empty during surgery

44. For spinal anesthesia, the drug is injected into the:

A. lower part of the spinal cord
B. nerve leading to the operative area
C. spinal cavity
D. upper part of the spinal cord

45. Abdominal distention during the postoperative period can often be relieved by which of the following simple nursing measures?

A. A hot enema
B. Insertion of a rectal tube
C. Drugs which reduce nausea
D. Administration of an analgesic such as morphine

46. Which of the following is MOST important in the IMMEDIATE care of the patient following surgery?

A. Seeing that the airway remains open
B. Relieving pain
C. Turning the patient frequently
D. Relieving abdominal distention

47. When a loss of sensation over the entire body is accompanied by unconsciousness, it is called:

A. local anesthesia
B. anesthesia
C. general anesthesia
D. spinal anesthesia

48. Which of the following would not be routinely done as a preoperative procedure?

A. Diagnostic tests
B. Oxygen administration
C. Preparation of site
D. Signing the surgery permit

49. A fear the patient may have before surgery is:

A. being unconscious
B. complete independence
C. lack of pain
D. no apparent change in life style

50. The nurse's responsibilities concerning the patient's fears of surgery include:

A. describing the surgery to be done
B. explaining how the doctor performs surgery
C. explaining tests and procedures to be done
D. informing the patient of the disadvantages of postoperative exercise

51. A method of anesthesia which cools a part or all of the body is called:

A. caudal
B. hypothermia
C. intravenous
D. local

52. Which of the following drugs is a local anesthetic?

A. Ether
B. Nitrous oxide
C. Pentothal
D. Xylocaine

53. Which drug is a tranquilizer that can relieve the tension and anxiety of the surgery patient?

A. Avertin
B. Ether
C. Nembutal
D. Sparine

54. In the immediate postoperative period, one of the most frequently checked details in the recovery room, is:

A. drainage containers
B. medications
C. oxygen
D. vital signs

55. Which of the following is not a symptom of shock?

A. Drop in blood pressure
B. Hematemesis
C. Rapid weak pulse and shallow respirations
D. Thirst

56. In caring for an infected wound, which of the following nursing responsibilities would be indicated?

A. Elevation of the foot of bed unless contraindicated
B. Maintainance of aseptic technique
C. Turning the patient frequently
D. Using the cradle to carry the weight of bedcovers

57. When a patient is coughing or breathing deeply following abdominal surgery, a nursing responsibility would be to:

A. maintain the prescribed position
B. maintain suction and/or drainage
C. observe for abdominal discomfort or distention
D. support the abdominal incision

58. Preparation of the skin is done to:

A. sterilize the skin for surgery
B. remove microorganisms by shaving and cleansing the skin
C. prevent postoperative evisceration
D. provide the physician with a description of the general condition of the patient's skin

59. The preoperative patient will be less apprehensive if the nurse:

A. explains the operative procedure to the patient
B. requests that the family not visit the patient
C. asks about the patient's financial situation
D. answers the patient's questions truthfully and with genuine interest

60. Restriction of oral intake is necessary before surgery to:

A. aid in the induction of anesthesia
B. prevent vomiting and aspiration of the vomitus into the air passage
C. to eliminate postoperative nausea
D. to eliminate postoperative edema

61. A separation of the operative wound edges with protrusion of intestines is called:

A. dehiscence
B. evisceration
C. distention
D. secondary wound closure

62. If the patient complains of severe wound pain 48 hours post-op, a nurse should suspect which of the following?

A. Abdominal distention
B. Dehiscence
C. Paralytic ileus
D. Wound infection

ANSWER SHEET
PRE- AND POSTOPERATIVE TECHNIQUE

1. B
2. D
3. D
4. B
5. D
6. A
7. B
8. D
9. D
10. C
11. C
12. B
13. C
14. C
15. C
16. C
17. B
18. C
19. C
20. A
21. C
22. D
23. B
24. D
25. D
26. B
27. B
28. B
29. C
30. D
31. D
32. C
33. D
34. B
35. C
36. D
37. D
38. B
39. B
40. C
41. C
42. C
43. B
44. C
45. B
46. A
47. C
48. B
49. A
50. C
51. B
52. D
53. D
54. D
55. B
56. B
57. D
58. B
59. A
60. B
61. B
62. D

[redacted]

POSTMORTEM

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNIT VIII
POST MORTEM

1. When the patient dies, postmortem care will be easier if the nurse:

   A. removes all dressings and drains
   B. removes false teeth
   C. fastens identification tags on the ankle and wrist
   D. places the body in good alignment

2. In giving postmortem care, the nurse is unable to remove a wedding ring from the patient's hand. To be sure it will not be lost, the nurse should:

   A. note on the chart the fact that the ring was left on
   B. tell the family they must be responsible for the ring
   C. place a strip of gauze through the ring and fasten the gauze at the wrist
   D. make the mortician sign a statement that the ring was on the body when it was received

3. Changes that occur during the dying process include all of the following except:

   A. loss of muscle tone
   B. increased peristalsis
   C. slowing of circulation
   D. labored respirations

4. Ceasing of heartbeat and respiration is:

   A. clinical death
   B. biological death
   C. spiritual death
   D. emotional death

5. When peripheral circulation fails, the skin feels:

   A. hot
   B. cold
   C. warm
   D. no different than before peripheral circulation failed

6. When a patient is terminally ill, interest in food:

   A. is increased
   B. is unchanged
   C. is decreased
   D. fluctuates

7. The doctor would like to have an autopsy performed on a patient who died of lung cancer. This can be done only if:

A. the coroner approves
B. a pathologist is employed
C. the patient or family have given written consent
D. the medical staff can testify that the cause of death is not known

8. The term indicating cessation of life beyond the possibility of resuscitation is:

A. death
B. deceased
C. postmortem
D. terminal

9. The term that means examination after death is:

A. aura
B. autopsy
C. morgue
D. shroud

10. A common sign of approaching death is:

A. a failure of the pupils to react to light
B. dry skin
C. gradual tightening of muscle tone and tissue
D. regular respirations

11. Which of the following is not a common sign of approaching death?

A. Loss of ability to respond to stimuli
B. Cessation of breathing and/or cardiac function
C. Decrease in the ability to swallow resulting in noisy breathing called death rales
D. Increase in circulation causing the feet, hands, nose, and ears to become warm to the touch

12. When death is approaching, an important need of the patient's family is:

A. adequate air circulation
B. adequate lighting
C. privacy
D. proper nutrition

13. At the death of a patient, the nursing responsibilities do not usually include:

A. allowing the family to be with the deceased
B. noting the time pulse ceases
C. noting the time respiration ceases
D. pronouncing the patient dead

14. When closing the patient's record, the nurse should:

A. note the nurse's name who pronounced the patient dead
B. record the disposition of the patient's belongings
C. take three to four days to complete the patient's record
D. not record the name of the person certifying death in the nurse's notes because it will be on the death certificate

15. The most difficult state of dying for the medical staff to understand and tolerate is:

A. depression
B. acceptance
C. anger
D. denial

16. The thing a dying patient needs to hold onto during the process of dying is:

A. active participation in family matters
B. hope
C. constant encouragement to talk about feelings
D. cheering up

17. After a practical nurse suspects a patient has died, the first person who should be notified is the:

A. supervisor
B. doctor
C. minister
D. family

18. Which of the following should the nurse do after a patient is pronounced dead?

A. Remove all catheters
B. Elevate the head of the bed
C. Be sure the dentures are in place
D. Dispose of the patient's personal articles

19. A person usually reacts first to the news he/she is dying by:

A. denying it
B. being angry
C. bargaining
D. becoming depressed

ANSWER SHEET
POST MORTEM

1. D
2. C
3. B
4. A
5. B
6. C
7. C
8. A
9. B
10. A
11. D
12. C
13. D
14. B
15. C
16. B
17. A
18. A
19. A

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PLANNING NURSING CARE

SECTION B
NURSING PRINCIPLES AND SKILLS II
UNIT IX
PLANNING NURSING CARE

1. An aim or goal toward which effort is directed is a/an:

   A. ancillary
   B. case study
   C. nursing care plan
   D. objective

2. A written nursing care plan:

   A. does not result in individualized care
   B. fails to provide specific directions and guidelines
   C. provides for continuity of care
   D. wastes time

3. The nursing care plan can be influenced by:

   A. time needed for collecting data
   B. an evaluation of the nursing care plan
   C. the objective of the nursing care plan
   D. the patient's age and state of dependency

4. The first step in the development of a nursing care plan is to:

   A. evaluate the nursing care plan
   B. determine the nursing action
   C. gather and assess information
   D. write out objectives

5. A systematic approach to the identification and resolution of specific, individualized patient needs is called the:

   A. nursing action
   B. nursing diagnosis
   C. nursing process
   D. nursing skill

6. A systematic approach to data collection and analysis which enables the nurse to identify a patient's nursing care needs is called:

   A. assessment in the nursing process
   B. evaluation in the nursing process
   C. implementation in the nursing process
   D. planning in the nursing process

7. The development of a written nursing care plan to meet the indentified patient needs is called:

A. assessment in the nursing process
B. evaluation in the nursing process
C. implementation in the nursing process
D. planning in the nursing process

8. The management and performance of the nursing care plan is called:

A. assessment in the nursing process
B. evaluation in the nursing process
C. implementation in the nursing process
D. planning in the nursing process

9. The measurement of the effectiveness of a nursing care plan in meeting patient needs is called:

A. assessment in the nursing process
B. evaluation in the nursing process
C. implementation in the nursing process
D. planning in the nursing process

10. The categories of nursing skills which are needed to implement the nursing process include all of the following except:

A. intellectual skills, providing a knowledge base for problem solving and decision making
B. interpersonal skills, facilitating productive relationships with the patients and with other members of the health care team
C. administrative skills, promoting improved timing of assignments among members of the health care team
D. technical skills, enabling more effective implementation of the nursing care plan

11. The identification of a patient's nursing care needs is referred to as the:

A. nursing care plan
B. nursing diagnosis
C. nursing process
D. nursing skill

12. The purpose of the nursing diagnosis is to provide a basis for:

A. action
B. organization
C. planning
D. treatment

13. The three phases in the planning stage of the nursing process include all of the following except:

A. definition of goals for patient care
B. determination of nursing actions
C. identification of patient needs
D. implementation of goals for patient care

14. In defining priorities, the nurse must consider the interdependence of the patient's:

A. desires
B. needs
C. wants
D. wishes

15. Included in the nursing care plan and stated in terms of patient response are clearly defined:

A. goals
B. ideas
C. decisions
D. resolutions

16. A useful guide in understanding the full scope of patient needs and establishing their priority is:

A. Freud's Theory of Personality Development
B. Maslow's Hierarchy of Needs
C. Menninger's text, "The Human Mind"
D. Roger's Theories of Personality Development

17. In order to meet identified patient needs, the goal of planning in the nursing process is the written:

A. daily nurse's note
B. nursing audit
C. nursing care plan
D. progress record

18. The first step in assessment of the nursing care planning is:

A. data analysis
B. data collection
C. evaluation
D. physical examination

19. Organizing and conducting patient care conferences is an example of nursing activity that demonstrates which of the following skills?

A. Intellectual skills
B. Interpersonal skills
C. Leadership skills
D. Technical skills

20. Interpreting changes in the patient's condition is an example of nursing activity that demonstrates which of the following skills?

A. Intellectual skills
B. Interpersonal skills
C. Leadership skills
D. Technical skills

21. Gaining the confidence and cooperation of the patient and the health care team is an example of nursing activity that demonstrates which of the following skills?

A. Intellectual skills
B. Interpersonal skills
C. Leadership skills
D. Technical skills

22. Completely performing health care actions is an example of nursing activity that demonstrates which of the following skills?

A. Intellectual skills
B. Interpersonal skills
C. Leadership skills
D. Technical skills

23. Sections of the written nursing care plan include all of the following except:

A. the findings of the physical examination
B. goals for patient care
C. identification of priority needs
D. the outline of nursing actions and their rationale

24. Involving the patient in meeting her/his own needs deomonstrates trust in him/her and encourages:

A. cooperation
B. hostility
C. opposition
D. skepticism

25. An important source for monitoring patient response to treatment and for evaluating the effectiveness of treatment is the:

A. daily nurse's note
B. nursing audit
C. nursing care plan
D. physical therapy record

26. Three possible conclusions which evaluation of the nursing care plan may reveal include all of the following except that:

A. a new problem has developed
B. the problem is not solved
C. the problem is solved or partially solved
D. there is no solution to the problem

27. Evaluation of the nursing process is the measurement of the effectiveness of the:

A. nursing care plan
B. nursing team attitude
C. nursing team leadership
D. nursing service director

28. When nursing actions are directed toward realistic goals, the evaluation should reveal a:

A. high degree of success
B. low degree of success
C. moderate degree of success
D. predictable degree of success

29. The nurse's evaluation takes place during patient care. Which of the following is a retrospective evaluation?

A. Assessment interview
B. Care plan
C. Nursing audit
D. Progress record

ANSWER SHEET
PLANNING NURSING CARE

1. D
2. C
3. D
4. C
5. C
6. A
7. D
8. C
9. B
10. C
11. B
12. B
13. D
14. B
15. A
16. B
17. C
18. B
19. C
20. A
21. B
22. D
23. A
24. A
25. A
26. D
27. A
28. A
29. C

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MATERNAL AND
INFANT CARE

[redacted]

INTRODUCTION TO
MATERNAL AND INFANT
CARE

SECTION C
MATERNAL AND INFANT CARE
UNIT I
INTRODUCTION

1. Expulsion of the fetus before it is viable, between the fourth and seventh month, is:

   A. abortion
   B. premature abortion
   C. miscarriage
   D. quickening

2. Union of ovum and sperm is:

   A. fertilization
   B. conception
   C. ovulation
   D. involution

3. Maturation and discharge of the ovum is:

   A. fertilization
   B. conception
   C. ovulation
   D. involution

4. The febrile state caused by infection of the endometrium and septicemia following delivery is:

   A. puerperal sepsis
   B. parturition
   C. puerperium
   D. eclampsia

5. Normal deliveries assisted by midwives under the supervision of physicians are typical of which of the following cultures?

   A. Ancient Egyptian culture
   B. Ancient Greek and Roman culture
   C. Ancient Far Eastern culture
   D. Medieval culture

6. Abnormal labor handled by the physician is typical of which of the following cultures?

   A. Ancient Greek and Roman culture
   B. Ancient Far Eastern culture
   C. Ancient Egyptian culture
   D. Medieval culture

7. Which of the following cultures practiced organized medicine with an emphasis on cleanliness and sanitation?

   A. Primitive tribes
   B. Eastern Hindus
   C. Ancient Egyptians
   D. Ancient Greeks and Romans

8. Great improvement in health care of mothers and infants has resulted in:

   A. increasing cost
   B. decreasing mortality
   C. increasing hospitalization
   D. increasing birth rate

9. Numerous advances in the control of infection in the prenatal and postnatal periods have been made through:

   A. public education
   B. improved medical and surgical techniques
   C. more people becoming physicians
   D. less people becoming midwives

10. A function of the ovary is:

   A. propelling ova into the uterus
   B. producing the hormones, estrogen and progesterone
   C. receiving the ovum
   D. producing testosterone

11. The primary function of the fallopian tubes is:

   A. providing a site for the union of ovum and sperm
   B. providing housing for the developing fetus
   C. producing hormones
   D. producing the ovum

12. The primary function of the uterus is:

   A. providing housing for the developing fetus
   B. producing hormones
   C. receiving and expelling a mature ovum each month
   D. providing a site for fertilization

13. The external genitalia include the:

   A. labia major and minor
   B. coccyx and ilium
   C. ischial tubercosity and spine
   D. peritoneum

14. The sacrum, pubic, coccyx, and ischium are pelvic:

A. joints
B. bones
C. muscles
D. tissues

15. The diameter from the sacrum to the upper margin of the symphysis pubis is the:

A. anteroposteria or true conjugate
B. transverse diameter of inlet
C. transverse diameter of outlet
D. oblique diameter

16. In the normal physiology of a menstrual cycle, the period occurs every 28 days and lasts:

A. three to five days
B. three to seven days
C. five to seven days
D. eight to ten days

17. Two days prior to ovulation until 24 hours after ovulation is the:

A. fertile period
B. period of ovulation
C. period of implantation
D. sterile period

18. The fertilized ovum begins cell division and passes through the fallopian tube:

A. five days after fertilization
B. three days after fertilization
C. six days after fertilization
D. immediately after fertilization

19. The function of the fallopian tube is:

A. expulsion of the ovum each month
B. conveyance of the ovum from the ovary to the uterus
C. providing a site of implantation for the ovum
D. production of female hormones

20. The vagina is lined with mucous membrane which contains many folds. These folds are called:

A. fornices
B. fascia
C. rugae
D. lumen

21. The portion of the cervix which opens into the body of the uterus is the:

A. internal os
B. external os
C. uterine orifice
D. vaginal os

22. The portion of the cervix which opens into the vaginal canal is the:

A. internal os
B. external os
C. vaginal orifice
D. uterine orifice

23. Proliferation or growth of the lining of the uterus is under the direct control of the ovarian hormone:

A. estrogen
B. progesterone
C. relaxin
D. FSH (follicle stimulating hormone)

24. Estrogen is secreted by the ovary in response to stimulation by the pituitary hormone:

A. prolactin
B. pituitrin
C. LH (luteinizing hormone)
D. FSH

25. Ovulation and development of the corpus luteum of the ovary are stimulated by the pituitary hormone:

A. pitressin
B. FSH
C. LH
D. pituitrin

26. Secretion by the endometrial glands begins under the direct stimulation of the ovarian hormone:

A. estrogen
B. progesterone
C. relaxin
D. luteinizing hormone

27. In a 28-day menstrual cycle, ovulation usually occurs:

A. at completely irregular intervals
B. seven days after menstruation has ceased
C. 14 days before the end of the menstrual cycle
D. 24 hours before menstruation starts

28. Each menstrual cycle usually lasts about:

A. 15 days
B. 28 days
C. 35 days
D. 50 days

29. Fraternal twins:

A. develop from the same ovum
B. are a result of fertilization of two separate ova
C. are always encased in the same amniotic sac
D. are nourished by the same placenta while in utero

30. The leading cause of neonatal deaths in the United States is:

A. the respiratory distress syndrome
B. congenital malformations
C. prematurity
D. infections

31. The national infant mortality rate in 1970 was approximately:

A. 30 per 1000 births
B. 35 per 1000 births
C. 40 per 1000 births
D. 20 per 1000 births

32. Since 1950 the number of women of childbearing age in the United States has:

A. increased
B. stayed the same
C. decreased
D. doubled

33. The upper rounded portion of the uterus between the insertion of the fallopian tubes is called the:

A. fundus
B. isthmus
C. cervix
D. corpus

34. The sides and larger portion of the uterus are called the:

A. fundus
B. corpus
C. cervix
D. vestibule

35. Which of the following is not part of the vulva?

A. Labia majora
B. Areola
C. Vestibule
D. Clitoris

36. Which of the following are not found in the vestibule?

A. Anus
B. Vaginal orifice
C. Urethral meatus
D. Bartholin's glands ducts

37. The mucous membrane lining of the nonpregnant uterus is called:

A. decidua
B. ciliated epithelium
C. myometrium
D. endometrium

38. In the female, the true perineum is that anatomical region:

A. just below the pubic bone
B. between the urethra and vagina
C. between the vagina and rectum
D. supported by the round ligaments

39. The pituitary gland indirectly controls the changes in the lining of the uterus by manufacturing:

A. estrogen and progesterone
B. follicle stimulating hormone, luteinizing hormone, and leuteotrophic hormone
C. prolactin and estrogen
D. follicle stimulating hormone and progesterone

40. The two testes are located in the:

A. scrotum
B. penis
C. gonads
D. seminal vesicles

41. The important entrance of the true pelvis is called the:

A. inlet
B. outlet
C. pubic arch
D. internal diameter

42. The vaginal canal:

A. may be partially covered by a membrane called the vulva
B. is formed by tissue walls that are normally folded on themselves and can be easily stretched
C. slopes down and back from its external opening during the maintenance of the dorsal lithotomy position
D. is considered a sterile area of the body

43. The most common menstrual disturbance is:

A. amenorrhea
B. dysmenorrhea
C. metrorrhagia
D. menorrhagia

44. Obstetrics is that branch of medicine that deals with:

A. disorders of the reproductive system
B. the science and art of human reproduction
C. care of the aged
D. control of venereal disease

45. In the male, puberty occurs:

A. two years before the average onset of female puberty
B. at the same age as female puberty
C. approximately two years after the average onset of female puberty
D. approximately four years after the average onset of female puberty

46. The testes in the male correspond to which of the following structures in the female?

A. Uterus
B. Ovaries
C. Fallopian tubes
D. Skene's gland

47. The hollow, pear-shaped, muscular organ that serves as the abode for the growing fetus is the:

A. uterus
B. ovary
C. vagina
D. corpus luteum

48. The lining of the uterus is called the:

A. endometrium
B. menstrual tissue
C. myometrium
D. perimetrium

49. The shedding of the lining of the uterus, which normally occurs every 28 days, is called:

A. conception
B. menstruation
C. ovulation
D. fertilization

50. The fertilization of the ovum by a spermatazoon is known as:

A. ovulation
B. conception
C. implantation
D. menstruation

51. It is believed that a woman is most fertile:

A. the last day of each menstrual period
B. the first day of each menstrual period
C. the week preceding menstruation
D. midway through the menstrual cycle

52. The organ responsible for nourishing the fetus until birth is the:

A. ovary
B. uterus
C. vagina
D. placenta

53. The instrument used to measure the pelvis is the:

A. pelviscope
B. pelvimeter
C. pelvimetry
D. pelviometer

54. The ultimate goal in infant birth is that the baby be:

A. liveborn
B. fullterm (not premature)
C. relatively small to facilitate birth
D. born healthy into a sound economic, social, and emotional environment

55. The term abortion is best defined as the:

A. deliberate termination of pregnancy
B. accidental removal of the products of conception from the uterus
C. termination of pregnancy before the end of the third trimester
D. expulsion of the products of conception before the fetus is viable

ANSWER SHEET
INTRODUCTION TO MATERNAL AND INFANT CARE

1. A
2. A
3. C
4. A
5. B
6. A
7. B
8. B
9. B
10. B
11. A
12. A
13. A
14. B
15. A
16. C
17. A
18. B
19. B
20. C
21. A
22. B
23. A
24. D
25. C
26. B
27. C
28. B
29. B
30. C
31. D
32. A
33. A
34. B
35. B
36. A
37. D
38. C
39. B
40. A
41. A
42. B
43. B
44. B
45. C
46. B
47. A
48. A
49. B
50. B
51. D
52. D
53. D
54. D
55. C

[redacted]

PRENATAL CARE

SECTION C
MATERNAL AND INFANT CARE
UNIT II
PRENATAL CARE

1. Braxton-Hicks contractions are best described as:

   A. "false labor pains"
   B. the first fetal movements felt by the mother
   C. painless uterine contractions which occur throughout pregnancy
   D. abnormally severe contractions which occur during early labor

2. The fetoscope is a special instrument used to:

   A. listen to the fetal heart tones through the abdominal and uterine walls
   B. determine the length of the fetus
   C. measure the width of the maternal pelvis
   D. record the blood pressure of the mother at frequent intervals

3. The placenta, as an endocrine gland, secretes all of the following hormones except:

   A. chorionic gonadatropin
   B. testosterone
   C. progesterone
   D. estrogen

4. Ms. Smith has twin boys, a girl, and is pregnant again. She is referred to as gravida:

   A. 4 para 3
   B. 4 para 4
   C. 2 para 3
   D. 3 para 3

5. A characteristic of false labor is that there is/are:

   A. a progressive shortening and opening of the cervix
   B. rhythmical uterine muscle contractions which increase progressively in frequency and intensity
   C. no progressive shortening and opening of the cervix
   D. pain in the lower back rather than in the abdomen during contractions

6. The nurse must understand that deviations in the bony structure of the pelvis will:

   A. assure the birth of the fetus by vaginal route
   B. shorten the length of labor
   C. prevent the birth of the fetus by vaginal route and prolong labor
   D. permit delivery by vaginal route after a short labor

7. The fluid that surrounds the fetus is called:

A. placental fluid
B. amniotic fluid
C. chorionic fluid
D. embryonic fluid

8. The most common method used by nurses to estimate the date of delivery is to determine the date of the:

A. first day of the last menstrual period, count back three months, and add seven days
B. last day of the last menstrual period, count back three months, and add seven days
C. first day of last menstrual period and add nine months
D. last day of the last menstrual period and add nine months

9. If Ms. J's last menses began May 20, the probable or tentative date of delivery would be:

A. March 4
B. February 27
C. February 15
D. April 15

10. Albumin present in the urine during pregnancy indicates:

A. normal kidney function
B. pressure on the ureters from the uterus
C. toxemia of pregnancy
D. increased glomerular filtration

11. A change in the blood pressure of a pregnant woman from 110/80 to 140/90 may indicate:

A. anemia
B. toxemia
C. protein deficiency
D. overweight

12. In counseling a pregnant woman, nurses must understand that changes occurring during a normal pregnancy include those which are:

A. physiological
B. emotional
C. physiological and emotional
D. intellectual

13. Ms. Ray has missed one menstrual period. Shortly after missing this period, she began having morning sickness. She noted each day that the nausea became continuous and vomiting and retching more frequent. Vomitus first contained undigested food, but as the condition persisted, the vomitus consisted of bile-stained fluid and blood-streaked mucus. The symptoms Ms. Ray presents will be diagnosed as:

A. eclampsia
B. hyperemesis gravidarum
C. hypertension
D. chorea gravidarum

14. When told to return every four weeks, Ms. S. asks why this is necessary as long as she feels well. She is told:

A. it is psychologically good for the patient
B. by checking her blood pressure, weight, and urine often, most impending complications can be detected early. Also, it offers her an opportunity to talk to her doctor about any questions she may have
C. by checking patients often, the doctor can usually catch complications and correct them, thus eliminating unnecessary night calls
D. she probably needs more attention than most other patients

15. During the seventh month of pregnancy, Ms. S. complains of feeling fatigued in the afternoon. Also, her feet swell and this adds to the tired feeling, although the swelling is gone after a night's rest. On examination her doctor finds no complications, so he/she may tell her:

A. "I really don't think you need worry about this. It is just something that goes along with pregnancy and will probably get worse before you reach term."
B. "I can't find any reason for the symptoms you describe. However, to prevent needless worry for you and me, I think you should stay in bed from now until you deliver, except to go to the bathroom."
C. "This is very serious and probably indicates a troublesome labor and delivery."
D. "Everything is coming along normally, so I feel that what you need is to rest often during the day with your feet elevated and avoid long periods of standing."

16. Ms. S. is examined more often during her eighth month of pregnancy. On one of these visits, she asks her doctor whether the baby would live if she were to deliver now. She/he tells her:

A. "Don't you worry about that. If such a thing should happen, it would be out of your hands anyway."
B. "Babies almost always die if born during the eighth month. For some reason, they are able to live at seven months but not at eight."
C. "Most babies are developed enough at eight months to live and do quite well with adequate care."
D. "If labor started now, you probably would have a stillborn baby."

17. Five days before the estimated date of confinement, Ms. S. enters the hospital. She is having contractions every 10 to 12 minutes. While being admitted, she tells the nurse she is having a vaginal discharge of blood-stained mucus. She asks if this is usual. The nurse tells her:

A. "I will call your doctor because there is always a great danger of hemorrhage during labor, especially with the first baby."
B. "You may stop worrying about all that now. You are in good hands, and we will take care of you."
C. "Yes, that is what we call the 'show.' At the onset of labor, the mouth of the womb expels a mucus plug that has sealed it during pregnancy."
D. "I've never heard of such a thing, but I'm sure you're all right."

18. Ms. James is in her 25th week of pregnancy, and on routine examination the doctor finds an elevated blood pressure, edema, weight gain, and albumin in the urine. The doctor may diagnose Ms. James' condition as:

A. hypertension
B. glomerulonephritis
C. toxemia of pregnancy
D. hyperemesis gravidarum

19. The signs noted in Ms. James indicate the stage of her illness to be:

A. pre-eclampsia
B. eclampsia
C. inflammatory
D. atrophy

20. Hospital care of Ms. James requires that the nurse:

A. give routine physical care
B. carry out doctor's orders
C. recognize symptoms that indicate the condition is progressing
D. give an aspirin if the patient complains of headache

21. The nursing care of Ms. James during a convulsion is to:

A. heavily restrain her
B. protect her from self-injury and falling out of bed
C. put siderails on the bed
D. pad the inner sides of the bed

22. Ms. James asks how much weight she can expect to gain during her pregnancy. Her physician tells her:

A. "A weight gain of 20 pounds is expected."
B. "It's best to remain on a strict diet to prevent any gain in weight."
C. "The more you gain, the healthier your baby will be."
D. "As long as you have no swelling or high blood pressure, you can gain as much as you like."

23. The sex of the embryo is determined:

A. at conception
B. two weeks after conception
C. two months after conception
D. two days after conception

24. The embryo may be affected by all except which of the following?

A. Infectious diseases in the mother
B. Nutritional disturbances in the father
C. Drugs taken by the mother
D. Nutritional disturbances in the mother

25. The amniotic fluid does not perform which of the following functions?

A. Keeping the fetus moist
B. Keeping the fetus at an even temperature
C. Cushioning the fetus from injury
D. Nourishing the fetus

26. Hemophilia is transmitted:

A. by DNA
B. by a sex-linked gene
C. as a dominant trait
D. by histones

27. Fraternal twins result from the union of:

A. two sperm and two ova
B. one sperm and one ova
C. two sperm and one ovum
D. two ova and one sperm

28. The female ovum carries the:

A. Y gene
B. Z gene
C. X gene
D. X or Y gene

29. The male sperm carries the:

A. Y gene
B. Z gene
C. X gene
D. X or Y gene

30. If the sperm contributes a Y gene to the zygote, the sex will be:

A. male
B. female

31. How many pairs of chromosomes are in each human cell?

A. 22 pairs of autosomes and one pair of sex chromosomes
B. 23 pairs of autosomes and one pair of sex chromosomes
C. 22 pairs of autosomes and two pair of sex chromosomes
D. 23 pairs of autosomes and no pairs of sex chromosomes

32. Return prenatal visits include all of the following except:

A. a urine test
B. weight determination
C. blood pressure check
D. vaginal examination

33. Ms. Yest tells the nurse that the first date of her last menstrual period was September 30. The nurse would calculate her EDC to be:

A. July 7
B. June 30
C. May 25
D. April 30

34. The rule used in determining Ms. Yest's EDC is:

A. Goodell's Rule
B. Young's Rule
C. Clark's Rule
D. Naegele's Rule

35. Increased pressure on the bladder caused by the position of the uterus occurs during the:

A. first trimester
B. second trimester
C. first and second trimesters
D. first and third trimesters

36. Positive signs of pregnancy include all of the following except:

A. fetal heart sounds
B. fetal movement felt by an experienced examiner
C. X-rays showing the fetal skeleton
D. enlargement of the abdomen

37. The umbilical cord contains:

A. two arteries and two veins
B. two arteries and one vein
C. two veins and two arteries
D. two veins and one artery

38. The average weight gain during pregnancy is:

A. 10-15 lbs
B. 35-40 lbs
C. 20-24 lbs
D. 25-36 lbs

39. The appearance of the menstrual flow is evidence that:

A. the female is not fertile
B. the fertilized ovum has implanted itself into the lining of the uterus
C. the ovum has not been fertilized
D. an examination for cancer of the uterus is urgent

40. Pregnancy is the result of:

A. cessation of the menstrual flow
B. the deposit of sperm in the vagina
C. one sperm entering one mature egg
D. the egg attaching itself to the lining of the uterus

41. The mother supplies the baby with its needed food and oxygen supply indirectly through the:

A. umbilical cord
B. amniotic sac
C. yolk sac
D. embryo

42. The doctor can hear and count the fetal heart tones when the fetus reaches the age of:

A. two months
B. three months
C. four months
D. five months

43. The symptom that often makes the prospective mother suspect she is pregnant is:

A. dysmenorrhea
B. amenorrhea
C. persistent headaches
D. breast engorgement

44. The number of days in a lunar month is:

A. 31
B. 24
C. 28
D. 21

45. Prospective parents benefit by attending parents' classes because they have an opportunity to:

A. meet other couples like themselves
B. get expert medical advice
C. share ideas and fears
D. get rid of all their superstitions

46. The health and nutrition of the pregnant woman during the first three months of pregnancy are very important because:

A. the complete development of the fetus takes place during this time
B. immune substances are not yet available to the baby
C. the chance of congenital deformity is greatest during this period
D. the structural development of the baby has not yet started

47. Which of the food groups listed below will provide the most adequate daily intake of vitamin C for the expectant mother?

A. Four ounces of orange juice and a raw salad
B. Six ounces of grape juice
C. One tomato and a raw vegetable salad
D. One orange, four ounces of tomato juice, and a raw vegetable salad

48. Which of the food groups listed below eaten daily, will provide sufficient iron to prevent anemia in both mother and infant?

A. One serving of citrus fruit, two servings of vegetables, three servings of breadstuffs
B. Potatoes, milk, fruits, and vegetables
C. One green leafy vegetable, one egg, and four to five ounces of meat
D. Two tablespoons of butter, one quart of milk, and three servings of enriched bread

49. Dyspnea is the later stages of pregnancy is greatest when the expectant mother:

A. is lying down
B. assumes a squatting position
C. reaches over her head
D. sits in a deep easy chair

50. The pregnant woman can best prepare for an easy delivery by:

A. psychotherapy and hypnosis
B. working on the maternity floor of her local hospital
C. observing an actual delivery
D. doing exercises which strengthen the appropriate muscles and encourage relaxation

51. Most of the nausea and vomiting of pregnancy will occur in the:

A. first trimester
B. second trimester
C. third trimester
D. first week of pregnancy

52. Shoes with low broad heels and good posture will do much to prevent prenatal complaints of:

A. vertigo
B. nausea
C. ataxia
D. backache

53. The symptom of placenta previa which requires immediate medical attention is:

A. regularity of a bleeding cycle
B. severe ovarian pains
C. painless vaginal bleeding
D. presence of mecomium in the vagina

54. All the observation and examination techniques the nurse has must be used to recognize the hemorrhage of placenta abruptio because the bleeding may be:

A. the only visible sign
B. internal and not visible
C. latent
D. from the capillaries

55. An ectopic pregnancy is defined as:

A. a fertilization within the fallopian tube
B. one that develops in the abdominal cavity
C. an embedding of the fertilized ovum outside the uterus
D. an ovarian pregnancy

56. If the patient has an "incomplete" abortion, vaginal bleeding will continue because:

A. severe uterine contractions damage blood vessels
B. the uterus has been stripped of its membrane lining
C. some placental tissue remains in the uterus
D. the cervix remains dilated

57. A pathologist's examination of a hydatidiform mole reveals that it is made up of:

A. a deformed fetus
B. a cluster of blood clots
C. fetal cells organized as a tumor
D. placental tissue

58. When a hydatidiform mole is present, the fetus will die because of:

A. changes in the placenta
B. hemorrhagic state
C. uterine cramping
D. cervical dilatation

59. The careful laboratory examination of the hydatidiform mole is for the purpose of determining:

A. the presence of a fetus
B. the cause
C. any evidence of malignancy
D. any evidence of fetal deformity

60. Medically, the greatest danger of a criminal abortion is its effect on:

A. future immoral behavior of the mother
B. community attitudes toward "free love"
C. the tax rate that must be increased to support illegitimate children
D. the life or health of the mother

61. The umbilical cord is essential to the life of the fetus because the:

A. blood from the mother to the baby is carried through this pathway
B. blood supply to and from the placenta is carried through the cord
C. food needed by the infant is carried through the cord
D. waste products of the baby are eliminated through the cord

62. Placenta previa is a condition in which:

A. the placenta adheres to the wall of the uterus
B. the placenta lies low in the uterus and is against or completely covering the cervical opening
C. there is an absence of blood vessels in the placenta
D. there is an absence of membranes surrounding the fetus

63. Premature separation of the placenta from the uterine wall is called:

A. an incomplete abortion
B. a precipitate delivery
C. abruptio placenta
D. a stillbirth

64. The fluid in the "water sac" or "bag of waters" is called the:

A. visceral fluid
B. amniotic fluid
C. pericardial fluid
D. placenta

65. Pregnancy can occur if coitus takes place within the 72 hours following the beginning of the rise in basal body temperature. This means the period during which a woman may conceive extends through:

A. the day of the temperature rise
B. one day after the temperature rise
C. two days after the temperature rise
D. three days after the temperature rise

66. The portion of the uterus that is felt during labor to determine the intensity of the uterine muscle contractions is the:

A. body of the uterus
B. fundus
C. cervix
D. pelvis

67. Ms. W asks how she is to know when to go to the hospital. Her doctor tells her:

A. "Oh, that's one thing women know without being told. In fact, you will have to tell me when you are ready."
B. "When your pains are occurring regularly every 15 minutes, or if the bag of waters breaks even in the absence of pains, you must go to the hospital."
C. "When you begin to feel you must bear down, as if to move your bowels, you should go to the hospital."
D. "As soon as you feel a contraction, you should go to the hospital."

68. Which of the following may be of consequence in connection with the Rh factor?

A. If both parents are Rh positive
B. If both parents are Rh negative
C. If the mother is Rh negative and the father is Rh positive
D. If the mother is Rh positive and the father is Rh negative

69. Which of the following breakfasts are suitable for a pregnant woman?

A. Orange juice, doughnut, toast, and milk
B. Orange juice, egg, toast, and milk
C. Tomato juice, English muffin, egg, milk, and coffee
D. Strawberries and yogurt, whole wheat roll, and coffee

70. Morning sickness may be relieved by:

A. eating dry toast on awakening
B. eating frequent small meals
C. increasing liquid intake
D. resting after meals

71. The prenatal term is normally:

A. 40 weeks
B. nine lunar months
C. 10 calendar months
D. 290 days

72. The toxic condition of pregnancy that is characterized by a rise in blood pressure, excessive edema, albuminuria, and eventually coma and convulsions is called:

A. hyperemesis gravidarum
B. eclampsia
C. placenta previa
D. abruptio placenta

73. The acute communicable disease that can cause severe deformities in the fetus if contracted by the mother early in pregnancy is:

A. German measles
B. scarlet fever
C. gonorrhea
D. tuberculosis

74. The nurse explains that a complete medical history is obtained from the pregnant patient to:

A. fulfill the requirements of the state health department
B. determine whether there are any conditions present that might present complications later to her or the baby
C. add to research statistics
D. make sure she feels that the physician is interested in her as a person

75. Blood samples are taken for laboratory analysis. The nurse explains this is done:

- A. as a precaution in case a blood sample is needed at a time when it cannot be obtained
- B. only as a routine procedure
- C. to help determine her general state of health and to learn her blood type
- D. only in rare cases on special patients who may have a difficult labor and delivery

76. Ms. S asks the nurse if she should eat special kinds of food during her pregnancy. The nurse tells her:

- A. "Eat whatever you want; it doesn't make any difference one way or the other."
- B. "The smartest thing to do is eat as little as possible and not gain any weight."
- C. "Eat balanced meals and drink at least a quart of milk a day."
- D. "As long as you take vitamins, you need not worry about your diet."

77. Several weeks later, Ms. S. tells the nurse her clothes are tight and uncomfortable. She wonders if she should purchase maternity clothes. The nurse advises her:

- A. "Yes, select clothes that are confortable, attractive, and suited to the season. A good bra that offers support is a must. Low-healed shoes will help prevent backache."
- B. "It's a good idea to put off buying maternity clothes until you absolutely must. One gets so tired of wearing them as it is."
- C. "You'll have to make that decision youself, but because you'll only be wearing them for a short while, try to buy as few things as possible."
- D. "Tight clothing helps you avoid gaining too much weight."

78. Morning sickness is more commonly experienced:

- A. during the second trimester of pregnancy
- B. during the first three months of pregnancy
- C. when the patient is hypertensive
- D. when the salt is restricted from the diet

79. The first movements of the fetus within the uterus are known as:

- A. lightening
- B. quickening
- C. involution
- D. abortion

80. The movements referred to in question 79 normally occur:

A. at the end of the third month
B. just before term
C. within the first 72 hours after conception
D. between four and one-half and five months of gestation

81. A woman who has delivered her first child is known as a:

A. multipara
B. primipara
C. primagravida
D. multigravida

82. A woman who has delivered two or more children is known as a:

A. multipara
B. primipara
C. primigravida
D. precipitate

83. The thin watery fluid secreted by the breast during pregnancy and before lactation is called:

A. colostrum
B. amniotic fluid
C. progesterone
D. estrogen

84. The approximate duration of pregnancy is:

A. 365 days
B. 200 days
C. 280 days
D. 100 days

85. A woman who suspects that she is pregnant should consult her physician:

A. as soon as she misses a menstrual period
B. about three weeks after she misses the first period
C. as soon as morning sickness starts
D. as soon as she feels the baby moving

86. Until the end of the third month, the product of conception is known as the:

A. fetus
B. embryo
C. lanugo
D. placenta

87. After the end of the third month, the product of conception is known as the:

A. fetus
B. embryo
C. infant
D. zygote

88. The term antepartum means the same as:

A. pregnancy
B. parturition
C. prenatal
D. postnatal

89. A positive sign of pregnancy is:

A. amenorrhea
B. fetal heart sound
C. positive pregnancy test
D. morning sickness

90. A probable sign of pregnancy is:

A. tenderness of the breasts
B. morning sickness
C. changes in the uterus and cervix
D. fetal heart tones

91. A presumptive sign of pregnancy is:

A. amenorrhea
B. enlargement of the abdomen
C. linea nigra in first pregnancy
D. positive pregnancy test

92. The female ovum carries only one type of chromosome to determine sex, and it is the:

A. X chromosome
B. Y chromosome
C. X-Y chromosome
D. YY chromosome

93. During pregnancy blood:

A. pressure remains elevated
B. remains low in iron
C. volume increases to supply the fetus
D. oxygen levels remain low

94. The placenta is fully developed by the:

A. eighth week of pregnancy
B. twelfth week of pregnancy
C. sixteenth week of pregnancy
D. fourth week of pregnancy

95. The advantage of using hypnosis during labor is that:

A. sedation may be used to supplement it
B. education can be started early
C. less medication is required
D. the baby is less active at birth

96. A disadvantage of using hypnosis during labor is that:

A. much advance preparation and planning is required
B. less medication is required
C. the mother may fall asleep, thus becoming less cooperative
D. the baby is less active at birth

97. Preparation for prepared childbirth should:

A. involve the father-to-be as helper throughout the pregnancy
B. allow the mother-to-be complete privacy because family will cause apprehension
C. be used only for those undergoing normal delivery
D. should be started the last week of pregnancy

98. An advantage of prepared childbirth is that it:

A. is less expensive
B. increases the maternal and paternal relationship by allowing both to participate
C. alleviates all fear and apprehension for both parents
D. eliminates all need for medicines

99. The cause of constipation during pregnancy is:

A. poor body mechanics
B. remaining in one position too long
C. pressure of the uterus on the intestines
D. lack of bulk in diet

100. The cause of physiologic edema is:

A. familial tendency
B. increased fluid in the circulatory system
C. increased oral fluid intake
D. decreased circulation to the feet

101. The treatment for constipation is:

A. increased intake of fruits, vegetables, and food with cellulose
B. taking a mild laxative every night
C. improving body mechanics
D. daily enemas

102. The treatment for morning sickness is:

A. taking long walks before meals
B. avoiding all liquids
C. eating frequent small meals
D. taking nothing by mouth

103. The treatment of physiological edema is to:

A. increase daily exercise
B. increase intake of foods containing cellulose
C. decrease intake of foods with high sodium content
D. increase intake of fats

104. The cause of toxemia is:

A. unknown
B. hypertension
C. excessive weight gain
D. too much salt in the diet

105. The cause of hemorrhage in early pregnancy may be:

A. placenta previa
B. placenta abruptio
C. ectopic pregnancy
D. exercise

106. The primary teatment of toxemia is prevention through:

A. obtaining a complete history
B. early and continued prenatal care
C. maintaining a structured program of exercise
D. eliminating salt from the diet

107. For the patient who is hemorrhaging, the practical nurse should:

A. have blood work done
B. keep the patient clean
C. save all expelled tissue for examination
D. start an IV

108. Rubella in early pregnancy may cause:

A. congenital abnormalities
B. premature labor
C. abortion
D. hereditary rubella

109. Gonorrhea in pregnancy:

A. may cause the mother to deliver prematurely
B. may spread to the pelvic cavity during pregnancy
C. may be transmitted to the baby's eyes while passing through the vagina
D. is a congenital condition

110. The effect of nutritional anemia is that the infant:

A. is predisposed to anemia
B. is predisposed to pallor
C. may be premature
D. may be malformed

111. A symptom of anemia is:

A. toxicity
B. hemorrhage
C. fatigability
D. jaundice

112. A sign of labor is:

A. bleeding from the vagina
B. severe constant pain in the lower abdomen
C. uterine contractions gradually increasing in frequency, intensity, and duration
D. Braxton-Hicks contractions

CASE HISTORY:

Sally Green is a 17-year-old unmarried girl who is pregnant for the first time. She first came to antepartum clinic in the 22nd week of pregnancy when all findings were within normal limits. She missed her next appointment and was next seen in the 30th week of pregnancy complaining she had had swollen feet, legs, and hands for the last three weeks. She also had been having headaches and blurring vision for the past week. She reported a 30 pound weight gain during pregnancy with 15 pounds of this gained since the first visit. Physical examination revealed generalized edema with 2+ proteinuria, and no hematuria or glycosuria.

113. What is Sally's most likely diagnosis?

A. Essential hypertension
B. Exogenous obesity
C. Pre-eclampsia
D. Eclampsia

114. Sally's weight gain resulted from:

A. retention of sodium ions and water
B. increased blood pressure
C. overeating
D. kidney lesions

115. The presence of headache and visual distrubance:

A. has no relation to the pre-eclampsia
B. indicates mild disease process because these are some of the first symptoms to appear
C. indicates severe disease process with involvement of brain and retina
D. indicates probable underlying hypertension which will persist after pregnancy

116. Which of the following principles of care governs the nurse's choice of a bed for Sally?

A. The pre-eclamptic patient should be placed in a quiet room, free from the stimuli of noise, lights, and activities
B. The severe pre-eclamptic patient must be observed closely and should be as close to the nurse's station as possible
C. A young primapara can benefit from watching other mothers take care of their children and may feel more at ease with her own baby when it is born
D. As an unmarried girl, Sally may not want to keep her own baby, but she might like the companionship of other pregnant women

CASE HISTORY con't.

One hour after admission, Sally rings for the nurse complaining of severe headache and epigastric pain. The nurse notices she seems quite restless, startles easily, and moves a great deal in the bed with some muscular twitching of the extremities. The nurse checks Sally's blood pressure and finds it had risen from an admission reading of 144/96 to a current level of 160/108.

117. The nurse's first activity should be to:

A. flash Sally's call light to attract the attention of another staff member. This way someone else can call the doctor, and Sally will not be left alone
B. call out loudly enough to attract the attention of another staff member. This way someone else can call the doctor, and Sally will not be left alone
C. ask the patient in the next bed, who has rheumatic heart disease, to run out and get someone to call the doctor
D. put up the siderails on Sally's bed and run out to call the doctor

CASE HISTORY con't.

Before the doctor arrives, the nurse notes that Sally's eyes have rolled to one side, and she seems to stare into space as her face twitches for a few seconds. Immediately following this, her whole body becomes rigid. About 20 seconds later, she begins to have violent muscular contractions alternating with relaxation of the muscles. Respirations stop, and she becomes cyanotic. After nearly 60 seconds, the movements stop, and she resumes respirations and remains comotose.

118. The nurse's first action should be to:

A. run out and call for the doctor again
B. put up the siderails
C. give intravenous sodium amytal 0.3 gm
D. insert the padded tongue blade or airway between Sally's teeth

119. If Sally has vomited during the convulsion and the suction machine is not immediately at hand, the nurse should first:

A. run out and get the suction apparatus
B. turn Sally on her side with her head lower than her shoulders until the suction machine can be brought to the bedside
C. reach into Sally's mouth with a gauze wrapped finger to wipe out the fluid and mucus
D. get the emesis basin

120. Sally's diagnosis is now eclampsia rather then pre-eclampsia because of:

A. a blood pressure level of 160/108
B. the presence of epigastric pain
C. the presence of convulsion and coma
D. the cyanosis

121. The principle causes of vaginal bleeding in the early months of pregnancy are:

A. placenta previa and abruptio placenta
B. cervical polyps and erosions
C. abortion and ectopic pregnancy
D. carcinoma of the cervix and ectopic pregnancy

122. The term criminal abortion refers to:

A. any induced termination of pregnancy
B. any induced termination of pregnancy without legal or medical justification
C. any induced termination of pregnancy by a known criminal
D. any induced termination of pregnancy due to the mother's health

123. The most common cause of spontaneous abortion is:

A. severe acute infections
B, German measles
C. endocrine dysfunction
D. inherent defects in the products of conception

124. Most spontaneous abortions occur:

A. before the first missed menstrual period
B. before the 12th week of gestation
C. between the 12th and 16th week of pregnancy
D. between the 16th and 20th weeks of pregnancy

125. A patient in early pregnancy who experiences slight vaginal bleeding and mild cramps but whose cervix is closed would be diagnosed as having:

A. threatened abortion
B. inevitable abortion
C. incomplete abortion
D. missed abortion

126. Patients with threatened abortion are always instructed to save all perineal pads and all tissue and clots passed vaginally because:

A. it helps the doctor to estimate the amount of bleeding and to ascertain whether any of the products of conception have been passed
B. it enables the doctor to ascertain the blood type of the fetus
C. it provides evidence of criminal interference
D. it enables the doctor to make a more accurate report

127. A patient in early pregnancy who experiences copious bleeding, severe abdominal pains, and has a dilating cervix would be diagnosed as having:

A. threatened abortion
B. inevitable abortion
C. incomplete abortion
D. missed abortion

128. If the fetus has been passed, but the placenta is retained, the condition is called a/an:

A. inevitable abortion
B. incomplete abortion
C. missed abortion
D. ectopic pregnancy

129. The term missed abortion refers to:

A. an unsucessful attempt to induce an abortion
B. incomplete passage of the products of conception
C. retention of a dead fetus for at least two months after its death
D. successful treatment of a threatened abortion which allows the pregnancy to continue

130. As long as there is no bleeding in the presence of a missed abortion, the usual treatment is:

A. oxytocin infusion at the time a period would have been expected
B. a hysterectomy if no labor occurs within three months of the death of the fetus
C. daily injections of oxytocin to start labor
D. watchful waiting with regular determination of blood fibrinogen levels

131. The term habitual abortion refers to:

A. two or more successive spontaneous abortions
B. three or more successive spontaneous abortions
C. three or more spontaneous abortions regardless of intervening successful pregnancies
D. more than three spontaneous abortions

132. The most common site for ectopic pregnancy is the:

A. uterine tubes
B. ovary
C. abdominal cavity
D. cervix

133. The first symptoms of an ectopic pregnancy usually occur:

A. before the first missed period
B. during the first trimester
C. during the second trimester
D. during the third trimester

134. Painless vaginal bleeding in the last trimester of pregnancy is usually caused by:

A. placenta abruptio
B. cervical erosions
C. placenta previa
D. cervical polyps

135. Low implantation of the placenta is:

A. the same as placenta previa
B. one degree of placenta previa in which the placenta is attached near the region of the internal cervical os
C. one degree of placenta previa in which the placenta partially covers the internal cervical os
D. one degree of placenta previa in which the placenta completely covers the internal cervical os

136. Vaginal bleeding during the last half of pregnancy accompanied by uterine pain and rigidity is most often:

A. placenta previa
B. placenta abruptio
C. rupture of the uterus
D. abdominal pregnancy

137. Which of the following is not associated with diabetes in pregnancy?

A. Increased incidence of ectopic pregnancy
B. Increased tendency to develop acidosis
C. Markedly increased tendency to develop toxemia
D. Increased incidence of polyhydramnios

138. Pregnancy is usually terminated several weeks before term in the more severe cases of diabetes because:

A. it prevents the baby from getting too large
B. interuterine fetal death often occurs in the last few weeks of pregnancy
C. it keeps the baby from developing diabetes
D. the disease is most difficult to control in the last few weeks of pregnancy

139. Which of the following combinations of factors would indicate the greatest likelihood for development of erythroblastosis fetalis?

A. Nullipara, Rh positive with Rh negative husband
B. Nullipara, Rh negative with Rh negative husband
C. Multipara, Rh negative with Rh negative husband
D. Multipara, Rh negative with Rh positive husband

140. German measles is most dangerous in a pregnant woman:

A. during the first trimester
B. during the second trimester
C. during the third trimester
D. at any time during pregnancy

141. In the fetal circulation system, the oval opening between the two atria of the heart is called the:

A. foramen magnum
B. oval valve
C. oval fossa
D. foramen oval

142. In the fetal circulation system, the vessel which carries O_2 and nutrients to the fetus is the:

A. ductus venosus
B. umbilical vein
C. umbilical artery
D. foramen oval

143. With regard to fetal circulation, which of the following does not take place at birth?

A. Lung expansion
B. Enlarging of the foramen oval
C. Ductus arteriosus becoming a ligament
D. A and B

144. The fetal circulation system and the mother's circulation system:

A. are directly connected
B. are similar
C. have no direct connection between them
D. have a shunt connecting them

ANSWER SHEET
PRENATAL CARE

1. C
2. A
3. B
4. D
5. C
6. C
7. B
8. A
9. B
10. C
11. B
12. C
13. B
14. B
15. D
16. C
17. C
18. C
19. A
20. C
21. B
22. A
23. A
24. B
25. D
26. B
27. A
28. C
29. D
30. A
31. A
32. D
33. A
34. D
35. D
36. D
37. B
38. C
39. C
40. C
41. A
42. D
43. B
44. C
45. C
46. C
47. D
48. C
49. A
50. D
51. A
52. D
53. C
54. B
55. C
56. C
57. C
58. A
59. C
60. D
61. B
62. B
63. C
64. B
65. D
66. B
67. B
68. C
69. C
70. A
71. A
72. B
73. A
74. B
75. C
76. C
77. A
78. B
79. B
80. D
81. B
82. A
83. A
84. C
85. B
86. B
87. A
88. C
89. D
90. C
91. A
92. A
93. C
94. B
95. C
96. A
97. A
98. B
99. C
100. B
101. A
102. C
103. C
104. A
105. C
106. B
107. C
108. A
109. C
110. A
111. C
112. C
113. C
114. A
115. C
116. A
117. A
118. D
119. B
120. C
121. C
122. B
123. D
124. B
125. A
126. A
127. B
128. B
129. C
130. D
131. B
132. A
133. B
134. C
135. A
136. B
137. A
138. B
139. D
140. A
141. D
142. B
143. B
144. C

[redacted]

LABOR

SECTION C
MATERNAL AND INFANT CARE
UNIT III
LABOR

1. In the majority of all deliveries, which of the following is the most common presentation?

   A. Cephalic
   B. Breech
   C. Shoulder
   D. Vertex

2. If the back of the head is to the left of the symphysis, the position known as:

   A. LOP
   B. LOT
   C. OA
   D. LOA

3. Which of the following signs experienced by the pregnant woman would not indicate labor may start soon?

   A. Quickening
   B. Lightening
   C. Show
   D. Spontaneous rupture of the membranes

4. The expectant mother must be taught to recognize the difference in the symptoms of false labor and those of true labor. True labor is present when:

   A. the pains become regular and the time between pains gets shorter
   B. abdominal pains can be counted every ten minutes
   C. headache and dizziness are severe
   D. contractions are severe enough to cause pains in both legs

5. During which type of contraction is the uterus very firm and undentable?

   A. Mild
   B. Moderate
   C. Strong
   D. Weak

6. Labor is divided into how many stages?

   A. One stage
   B. Two stages
   C. Five stages
   D. Three stages

7. During the second stage of labor, which of the following occurs?

   A. Dilatation
   B. Birth of the baby
   C. Delivery of placenta
   D. Both A and B

8. As the head crowns and distends the vaginal opening, the doctor may decide to make an incision called the:

   A. episiotomy
   B. amniotomy
   C. urethrotomy
   D. oophorectomy

9. If the mother wishes to be awake when the baby is born, she may have all except which of the following anesthesias?

   A. Saddle block
   B. Caudal
   C. General
   D. Pudendal block

10. The usual rate for fetal heart tones is:

   A. 75 - 100
   B. 125 - 135
   C. 140 - 190
   D. 120 - 160

11. The position of the fetus refers to:

   A. the relationship of the fetal parts to each other
   B. that portion of the fetus which engages to the superior strait
   C. the relationship of the presenting part to the mother's pelvis
   D. the posture of the fetus in utero

12. The fetal attitude refers to the:

   A. position assumed by the fetus in utero
   B. that portion of the fetus which engages at the superior strait
   C. the relationship of the fetal parts to the mother
   D. the mother's emotional response to pregnancy

13. Amniotomy refers to the:

   A. bag of water
   B. removal of mucus plug from the cervix
   C. rupture of the membranes
   D. normal bleeding with delivery

14. The exact reason for the onset of labor is:

A. known
B. not known
C. known only by the physician
D. the lumer position

15. Diminished placental function is a/an:

A. possible cause of labor
B. way to determine the onset of labor
C. early sign of labor
D. related to the size of the cervical os

16. Structures primarily involved in the labor process are the:

A. spine and back
B. muscles and bones
C. pelvis and uterus
D. diaphragm and pelvic girdle

17. Which of the following is a sign of true labor?

A. Cervix remains firm
B. Abdominal pain
C. Descent of the presenting part
D. The absence of the "show"

18. Floating is a term which means the:

A. back of the fetus' head is to the right of the sacrum
B. spine of the fetus is at a right angle to spine of the mother
C. presenting part is freely movable above the inlet
D. presenting part is freely moveable above the inlet

19. The largest diameter of the presenting part through the inlet describes:

A. floating
B. engagement
C. descent
D. crowning

20. Buttocks presenting with legs extended and feet against the face describes a:

A. frank breech
B. breech
C. full or complete breech
D. cephalic breech

21. For the primipara, labor may last as long as:

A. eight to sixteen hours
B. eight to ten hours
C. eight to twelve hours
D. 24 hours

22. The process that determines the end of the first phase of labor is the:

A. frequency of contractions
B. dilatation of the cervix
C. complete cervical dilatation
D. delivery of the infant

23. The membranes may rupture in:

A. the first stage of labor
B. the second state of labor
C. either stage of labor
D. the third stage of labor

24. The admitting procedure for the obstetrical patient may vary from hospital to hospital. Which of the following activities will determine the nurse's understanding of the admitting responsibility?

A. Weighing the patient on admission
B. Taking the FHT first
C. Taking the BP first
D. Giving the enema first

25. Shaving of the genital area may or may not be done on admission. The reason for shaving is to:

A. allow for easier delivery
B. aid in dilatation of the cervix
C. provide a clean area for delivery
D. sterilize the skin

26. During labor the nurse must:

A. provide physical comfort
B. keep the patient heavily sedated
C. keep the patient company by talking
D. keep relatives out of the room

27. If the FHR is below 100 or above 150, the practical nurse should:

A. record the rate and wait
B. retake the rate after the next contraction
C. report findings to the physician
D. report findings to the supervisor

28. A maternal danger signal is:

A. slow FHT during a contraction
B. prolonged abdominal contraction
C. pink vaginal discharge
D. reptured membranes

29. A fetal danger signal is:

A. hyperactivity of the fetus
B. increase of FHT following a contraction
C. deviation in BP
D. FHR of 120 to 160

30. Upon seeing the umbilical cord at the vulva, the nurse's first response should be to:

A. check the fetal heart
B. gently replace the cord
C. place the patient in an elevated Sims position
D. place the patient in a knee-chest or Trendelenburg position

31. Which of the following would be an indication for the induction of labor?

A. Uterine inertia
B. Fetal distress
C. Over-distention of the uterus
D. Vaginal hemorrhage

32. Which of the following would be a contraindication for the induction of labor?

A. Uterine inertia
B. Fetal distress
C. Postmaturity
D. Diabetic mother

33. The patient is receiving an IV with oxytocin. Which of the following actions indicates the nurse's understanding of the responsibility?

A. Measuring the height of the fundus at regular intervals
B. Providing emotional support
C. Monitoring the rate of flow carefully
D. Monitoring the patient's blood pressure

34. A characteristic of false labor is that there is/are:

A. a progressive shortening and opening of the cervix
B. rhythmical uterine muscle contractions which increase in frequency and intensity
C. no progressive shortening and opening of the cervix
D. a definite intensity of contractions

35. The third stage of labor is also called the:

A. birth stage
B. dilatation stage
C. placental stage
D. final stage

36. Vaginal examinations performed during labor are done:

A. routinely
B. by the nurse
C. using aseptic technique
D. using clean technique

37. The show refers to:

A. the protrusion of the infant's head
B. the release of amniotic fluid
C. leukorrhea
D. the discharge of the mucous plug

38. Artificial rupture of membranes is called:

A. amnihook
B. amniotomy
C. amniocentesis
D. amniorupture

39. The first stage of labor could also be called the:

A. dilatation stage
B. placental stage
C. expulsive stage
D. birth stage

40. In order to determine the frequency of uterine contractions most accurately, the nurse should note the:

A. time interval between the onset of one contraction and the onset of the next for several consecutive contractions
B. time elapsing between the end of one contraction and the onset of the next one
C. time interval from the end of one contraction until the end of the next one
D. number of contractions in a ten minute interval

41. During delivery when the umbilical cord emerges through the cervical opening before the presenting part emerges, there is danger of fetal distress. This condition is called:

A. a breech delivery
B. prolapsed cord
C. abruptio placenta
D. placenta pravia

42. A characteristic of true labor is that there is/are:

A. a progressive shortening and opening of the cervix
B. irregular uterine muscle contractions that do not change in frequency and duration
C. no progressive shortening and opening of the cervix
D. no definite intensity of the contractions

43. In the early stages of labor, whether true or false, the woman should be:

A. at home
B. in the hospital
C. outdoors walking
D. in bed at home

44. All of the following are important factors that involve a normal labor and delivery except:

A. there must be effectual power
B. the passageway must be in correct alignment
C. the passageway must be obstructed
D. the passageway must be open

45. The term precipitate delivery means:

A. delivery by the doctor
B. spontaneous delivery occurring very quickly and unexpectedly
C. spontaneous delivery assisted by the doctor
D. spontaneous delivery assisted by the nurse

46. Dangers to the baby from precipitate delivery include all of the following except:

A. cerebral hemorrhage due to pressure against pelvis or perineum
B. drowning if born face down in pool of fluid or blood
C. smothering between the legs of the mother
D. skull fracture if expelled in a toilet bowl

47. The chief danger to the mother from precipitate delivery is:

A. respiratory distress
B. hemorrhage
C. cerebral anoxia
D. rupture of the cord

48. The effect of an analgesic is to:

A. dull the perception of pain by affecting the pain perception center in brain
B. lower sensibility in general
C. abolish the memory of pain
D. reduce the intensity of the contractions

49. The effect of a sedative is to:

A. dull the perception of pain by affecting the pain perception center in brain
B. lower sensibility in general
C. abolish the memory of pain
D. reduce the intensity of the contractions

50. The drug given to the delivery room patient as the placenta is expressed is classified as an oxytocic preparation. This drug:

A. relaxes the uterus
B. brings about firm contractions of the uterus
C. pushes the cervix up
D. has no effect upon the uterus

51. The type of incision made in the vulva to prevent tearing during delivery is a/an:

A. lateral
B. transverse
C. episiotomy
D. perineorrhaphy

52. The nurse listens to the fetal heart sounds to determine the:

A. position
B. position, rate, and regularity
C. rate and regularity
D. regularity

53. Rectal examinations are done to determine the condition of the:

A. rectum
B. cervix
C. bladder
D. uterus

54. Perineal pads should not be used during labor as they:

A. cause irritation to the vulva
B. are uncomfortable
C. may cause contamination of perineum and vaginal orifice
D. may cause contamination of the anus

55. The second stage of labor ends with:

A. visualization of the presenting part
B. expulsion of the placenta
C. birth of the infant
D. complete dilation of the cervix

56. The nurse will include all of the following in the admission procedure of an OB patient except:

A. observing temperature, pulse, and respiration rate
B. taking blood pressure
C. listening to the fetal heart sounds
D. recording the history and physical findings

57. The portion of the uterus that is felt during labor to determine the intensity of the uterine muscle contraction is the:

A. body of the uterus
B. fundus
C. cervix
D. pelvis

58. Contractions of the uterine muscles during labor are:

A. voluntary
B. rhythmic
C. involuntary
D. contractile and wavelike

59. The nurse caring for the patient during labor notes the:

A. intensity of contractions
B. intensity and frequency of contractions
C. intensity, frequency, and duration of contractions
D. intensity and duration of contractions

60. The nurse learns the characteristics of uterine contractions during labor by:

A. developing the skill to palpate
B. developing the skill to observe
C. listening to the patient
D. listening to the doctor

61. If the presenting part is said to be ROA, it is:

A. right occiput posterior
B. right occiput transverse
C. right occiput anterior
D. occiput anterior

62. The posture of the fetus whose presenting part is LOA:

A. is completely flexed
B. has its head partially extended
C. has its legs extended over its chest
D. has its head not well fixed

63. The maximum sound of the fetal heartbeat in a breech presentation is located:

A. at the level of or below the naval
B. at the level of or above the naval
C. below and to the right of the naval
D. below and to the left of the naval

64. General advice to all pregnant women relating to the onset of labor includes:

A. contact the doctor or go to the hospital if the membranes rupture
B. call the doctor or go to the hospital when lightening is experienced
C. labor pains may be regular but wait for the membranes to rupture before calling the doctor
D. rupture of the membranes is the first sign of the onest of labor

65. Part of the admission procedure is a cleansing enema. Ms. S. asks the nurse if this is necessary because she has had a bowel movement today. The nurse tells her,:

A. "We always carry out the complete routine admission procedure regardless of whether it is necessary or not."
B. "Yes, the lower bowel needs to be completely empty during labor and delivery. A normal bowel movement does not adequately do this."
C. "I guess it will be all right to omit the enema this time."
D. "We will wait and ask the physician."

66. While the nurse is checking the fetal heart tones, the patient asks if she can listen too. The nurse answers:

A. "We feel that it's best that the patient not know anything about such things because you don't know what it's all about and will only become frightened if anything goes wrong."
B. "You could, but if we're to stop and wait on you and explain everything you don't understand, we'll never have the baby."
C. "Yes, I'll place the instrument for you. Listen closely, and you will hear a fairly rapid, regular beat. That's the baby's heart tones."
D. "It is against hopital policy to allow patients to use medical equipment."

67. As Ms. S's labor progesses, she shows signs of discomfort but does not complain. Mr. S. remarks that he wishes he could do something to help. The nurse tells him,:

A. "There's nothing anyone can do now but wait."
B. "You can help her by placing your hands on her lower back and gently pushing downward as the contraction gets harder, then relaxing the pressure as the contraction subsides."
C. "Except for being with her, there's really nothing you can do."
D. "Why don't you read aloud to her and distract her attention."

68. The patient asks the nurse if she shouldn't push with the pains to speed up labor. The nurse answers:

A. "No, at this stage you would only use up your strength by pushing. Try to relax and rest between contractions."
B. "Yes, the harder you push, the sooner the baby will come."
C. "It doesn't matter; you can if you want to."
D. "No, there is danger of rupturing the uterus or injuring your baby if you push now."

69. As labor progresses, Ms. S states she has the feeling that her bowels are going to move. The nurse observes that the perineum is bulging. She should be aware that:

A. this indicates that the patient needs an enema
B. the cervix has completely dilated and the patient will deliver soon
C. the patient should be placed on a bedpan immediately
D. a precipitate delivery is not inevitable since the infant is emerging through the birth canal

70. The procedure for timing uterine contractions begins with the nurse:

A. checking the pulse
B. placing fingertips over the fundus
C. feeling the uterus through the rectum
D. observing the movement of the abdominal wall

71. The nurse will recognize the show as:

A. the enlargement of the abdomen
B. the appearance of the head at the vaginal opening
C. a pinkish vaginal discharge
D. the dilation of the cervix

72. Which one of the following is not a symptom of approaching labor?

A. Desire to bear down
B. Regular rhythmic contractions
C. Bloody show
D. Ruptured membranes

73. Labor begins when:

A. membranes rupture
B. the cervix begins to dilate
C. rhythmic contractions are present
D. the bloody show increases

74. One of the distinguishing features of the first stage of labor is that:

A. it is involuntary in character
B. the contractions are influenced by the mother's will
C. its progress is aided by walking about
D. the membranes rupture

75. At the hospital, Ms. Miller's cervix was described as being effaced. Effacement means:

A. elongation of the cervical canal
B. thinning of the cervix
C. thickening of the cervix
D. dilation of the cervix

76. Labor pains are most likely to begin in the:

A. perineum
B. small of the back
C. vulva
D. cervical opening

77. It may be undesirable to give Demerol if delivery is anticipated within 1/2 hour because the medication may:

A. stop labor contractions
B. be ineffective in eliminating pain immediately before delivery
C. have an effect on the baby's respirations
D. cause a tetanic contraction

78. In labor scopolamine is used primarily for which one of the following reasons?

A. Its analgesic effect
B. Its amnesic effect
C. It stimulates labor contractions
D. Its sedative effect

79. The ampules of scopolamine are labelled in milligrams. Which ampule will provide the ordered dose of scopolamine gr 1/200?

A. .2 mg
B. .3 mg
C. .4 mg
D. .6 mg

80. When timing the contractions, the nurse places his/her hand on the fundal portion of the uterus. For which one of the following reasons is this done?

A. It causes less discomfort for the patient
B. This area is more accessible
C. It is the contractile portion which contracts most strongly
D. It stimulates contractions

81. A properly administered enema is a most helpful aid in labor because it:

A. keeps the area cleaner at the time of delivery
B. stimulates uterine contractions
C. shortens the second stage of labor
D. leaves more space in the pelvis for the passage of the fetus

82. Ms. Miller's labor sheet indicates the presenting part at station plus two. Station plus two means the:

A. presenting part is two centimeters above the level of the ischial spines
B. biparietal diameter is at the level of the ischial spines
C. presenting part is two centimeters below the level of the ischial spines
D. biparietal diameter is two centimeters above the ischial spines

83. The labor record states that engagement has taken place. This means that the:

A. fetal parts are flexed on each other
B. breech is presenting
C. largest diameter has passed the inlet of the pelvis
D. head has molded

84. If the nurse were to check the fetal rate during or immediately following a uterine contraction, the rate would tend to be:

A. slower
B. more rapid
C. irregular
D. unchanged

85. A multipara may be transferred to the delivery room to avoid a precipitate delivery before:

A. the membranes rupture
B. the contractions are five minutes apart
C. the second stage
D. Braxton-Hicks contractions

86. For the multipara, the second stage of labor may last:

A. thirty minutes to three hours
B. forty-five minutes to two hours
C. five to thirty minutes
D. eight to sixteen hours

87. In an emergency birth, a primary concern should be the:

A. recovery of the patient from the anesthesia
B. safety of mother and baby
C. determination of the Apgar score
D. severance of the cord

88. The first stage of labor in known as the:

A. expulsive stage
B. birth stage
C. placental stage
D. stage of dilatation

89. During the second stage of labor, the patient is encouraged to:

A. pant rapidly between contractions
B. bear down with each contraction and rest between contractions
C. hold her thighs tightly together
D. refrain from pushing with the contractions and relax as much as possible

90. In the full or complete breech presentation which of the following occurs?

A. One or both feet are presented
B. Buttocks and feet are presented together
C. Arm Presented
D. Buttocks presented with legs extended and feet against the face

91. What is normally the color of the amniotic fluid?

A. Clear
B. Yellowish
C. Greenish
D. Brownish

92. Labor pains are most likely to begin in the:

A. perineum
B. small of the back
C. vulva
D. cervical opening

93. The practical nursing student is assigned to the labor room. If the patient complains of a headache, the student must recognize the importance of:

A. an aspirin
B. morphine
C. a blood pressure reading
D. a cold compress to the head

94. The physician performs an amniotomy, a rupture of the membranes. This procedure is done to:

A. prevent tearing of the vaginal orifice
B. prevent a postpartum infection
C. slow down the process of labor
D. hasten delivery

95. The timing of contractions can best be accomplished by:

A. placing a hand on the patient's abdomen
B. noting the expression on the patient's face
C. questioning the patient about the amount of pain she is having
D. exposing the patient's abdomen and closely watching it rise and fall

ANSWER SHEET
LABOR

1. A
2. D
3. A
4. A
5. C
6. D
7. B
8. A
9. C
10. D
11. C
12. A
13. C
14. B
15. A
16. C
17. C
18. C
19. B
20. A
21. A
22. C
23. C
24. B
25. C
26. A
27. D
28. B
29. A
30. D
31. A
32. B
33. C
34. C
35. C
36. C
37. D
38. B
39. A
40. A
41. B
42. A
43. A
44. C
45. B
46. C
47. B
48. A
49. B
50. B
51. C
52. B
53. B
54. C
55. C
56. D
57. B
58. C
59. C
60. B
61. C
62. A
63. B
64. A
65. B
66. C
67. B
68. A
69. B
70. B
71. C
72. A
73. C
74. A
75. B
76. B
77. C
78. B
79. B
80. C
81. C
82. C
83. C
84. A
85. C
86. C
87. B
88. D
89. D
90. B
91. A
92. B
93. C
94. D
95. A

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DELIVERY ROOM

SECTION C
MATERNAL AND INFANT CARE
UNIT IV
DELIVERY ROOM

1. Both legs are lifted into the stirrups at the same time to prevent which of the following?

   A. Discomfort to the mother
   B. Precipitation
   C. Strain on the pelvic ligaments
   D. Lacerations

2. Characteristics of the third stage of delivery include all of the following except:

   A. blood gushing from the vagina
   B. descent of the umbilical cord
   C. spontaneous bearing down
   D. the fundus becoming boggy

3. During the contractions of the first stage of labor, the nurse will encourage the mother to:

   A. refrain from bearing down with each contraction
   B. push downward with each contraction
   C. hold her breath to ease the pain
   D. take a whiff of gas

4. The placenta has separated from the wall of the uterus before the cervix is fully dilated. In this situation, a Cesarean section is considered:

   A. of little value
   B. to be the delivery of choice with the mother's consent
   C. necessary to get the fetus delivered
   D. to be an emergency measure to save the baby

5. An episiotomy is done with very little loss of maternal blood. This is true because:

   A. the large vessels are retracted
   B. the presenting part acts as a pressure bandage
   C. it will be sewed up at once
   D. the blood supply to the perineum is minimal

6. Contractions of the uterus following delivery are necessary to prevent:

   A. hemorrhaging
   B. cramping
   C. poor muscle tone
   D. nausea and vomiting

7. When forceps are used, which stage of labor is shortened?

A. First stage
B. Second stage
C. Third stage
D. Fifth stage

8. Episiotomy means:

A. forcep delivery
B. incision of the perineum
C. breech presentation
D. version

9. Birth registration is the responsibility of the:

A. father
B. mother
C. doctor
D. nurse

10. Medication that is given after delivery to help prevent hemorrhage will:

A. increase the clotting time of the blood
B. put the patient at complete rest
C. contract the uterine muscles
D. increase the blood pressure

11. An episiotomy is performed:

A. as the cervix becomes completely dilated
B. after delivery of the head
C. as the head begins to emerge through the vaginal canal
D. only as an emergency measure

12. Identification of the newborn is usually done:

A. when the baby is taken to the nursery
B. on the maternity floor
C. before the baby leaves the delivery room
D. by the doctor in the delivery room

13. As soon as the baby is delivered, the cord is tied or clamped. Caution should be exercised in caring for the cord to:

A. prevent formation of an umbilical hernia
B. use asepsis and prevent contamination
C. use clean technique
D. prevent an unsightly scar

14. Methergine is classified as a/an:

A. analgesic
B. soporific
C. oxytocic
D. tranquilizer

15. One of the purposes for giving Methergine is that it:

A. supresses lactation
B. stimulates uterine contractions
C. relieves postpartum discomfort
D. relaxes the uterus

16. Normal blood loss during delivery is less than:

A. 1000 cm^3
B. 2 pts
C. 750 cm^3
D. 500 cm^3

17. The nurse caring for Baby Miller in the delivery room instills one drop of silver nitrate solution in each eye. For which of the following reasons is this procedure done?

A. To remove the mucus and debris from the eyes following delivery
B. To help prevent ophthalmia neonatorum
C. To help prevent retrolental fibroplasia
D. To prevent cataracts

18. What is the term used to describe the period elapsing between the termination of labor and the return of the uterus to normal condition?

A. Involution
B. Puerperium
C. Fourth stage
D. Recovery period

19. After delivery the fundus should be:

A. slightly boggy below the umbilicus and in the midline
B. firm three fingers above the umbilicus and dextroverted
C. firm below the umbilicus and in the midline
D. slightly boggy two fingers above the umbilicus and dextroverted

20. Which of the following would be considered an advantage of the low cervical Cesarean?

A. A smaller incision
B. Easier manipulation
C. Less danger of uterine rupture in subsequent pregnancies
D. The abdominal scar is very low

21. In which type of Cesarean would there be a greater possibility of uterine rupture in a subsequent pregnancy?

A. Classical
B. Low cervical
C. Retroperitoneal
D. Peritoneal

22. The postoperative care for the Cesarean patient is virtually the same as for a patient having an abdominal hysterectomy with one exception, and that is:

A. observing for vaginal bleeding
B. providing as much asepsis as possible
C. providing aseptic breast and perineal care
D. limiting visitors

23. As soon as Ms. S's baby boy was born, his footprint was obtained and an identification bracelet was placed on his wrist. Identification of this infant is done:

A. in the nursery after he is bathed and dressed
B. after he is weighed
C. as soon as he is admitted to the nursery
D. in the delivery room before he is taken to the nursery

24. After the placenta is expelled, the physician examines it thoroughly. The reason for doing this is to:

A. make sure that none of the placenta has broken off and is retained in the uterus
B. determine the presence of infection within the uterus
C. obtain a sample for microscopic examination
D. determine the presence of growths or tumors

25. The obstetrical operation that is done to enlarge the vaginal orifice is called:

A. Cesarean section
B. episiotomy
C. vaginal rupture
D. rupture of membranes

26. A perfect Apgar score is:

A. 12
B. 10
C. 9
D. 8

27. Which of the following statements is true of the Apgar scoring system?

A. The lower the score, the better the condition of the baby
B. A score of ten would lead one to believe that the baby is in good condition
C. The Apgar score is obtained by the nurse in the newborn nursery
D. A baby with respiratory difficulty would receive a high Apgar score

28. A newborn is often placed with its head dependent in order to facilitate:

A. meconium draining more rapidly
B. drainage of amniotic fluid and mucus
C. closure of fontanels
D. liver functions

29. Immediate goals of newborn resuscitation efforts include all of the following except:

A. clearing the airway
B. hydration
C. forcing oxygen into the lungs
D. stimulating the infant to breathe

30. Ms. S. became very hot and thirsty during labor. To relieve this discomfort, it would be best for the nurse to:

A. give her small sips of water and open the windows in the labor room
B. apply an ice cap to the patient's forehead
C. force fluids on the patient because these are symptoms of severe dehydration
D. allow the patient to take small sips of water and bathe her face with a wash cloth dipped in cool water

31. During the fourth stage of labor, a nursing priority would be to:

A. observe for elimination
B. observe the character and amount of vaginal bleeding
C. provide physical comfort
D. provide emotional support

32. The Apgar scale evaluates the newborn in all of the following ways except:

A. heart rate
B. respiratory effort and color
C. temperature
D. muscle tone and reflex response

33. The air passage of the newborn should be cleansed of mucus and amniotic fluid to prevent aspiration into the lungs. The nurse can do this gently by all of the following methods except:

A. using the finger
B. "milking" the trachea
C. placing a firm catheter into the trachea and using strong suction
D. using gentle suction with soft catheter or ear syringe

34. Identification of the baby should be completed:

A. before leaving the delivery room
B. in the nursery
C. when the mother is fully reacted
D. the day after birth

35. The nurse closely observes the baby in the delivery room and may be responsible for:

A. removing the vernix caseosa
B. treating the infant's eyes with silver nitrate or antibiotic preparation
C. recording unusual findings
D. reporting to hospital authorities

36. Types of identification used for the newborn include all of the following except:

A. bead bracelet or necklace
B. plastic bracelet
C. name card on crib
D. foot, toe, finger, or palm prints

37. Which gas may be explosive?

A. Oxygen
B. Nitrous oxide
C. Helium
D. Cyclopropane

38. A sensory loss in the saddle area which occurs in a type of caudal anesthesia is the result of a:

A. pudendal block
B. peridural block
C. saddle block
D. spinal block

39. A wound made by tearing is a:

A. puncture
B. laceration
C. episiotomy
D. evisceration

40. Which of the following means "affected with disease?'

A. Gonorrhea
B. Syphilis
C. Morbidity
D. Mortality

41. A disadvantage of inhalation anesthesia during labor is that it may:

A. depress respiration of mother and baby
B. cause loss of consciousness
C. impede labor
D. stop labor

42. The thick, dark green substance contained within the intestines of the fetus is called:

A. Wharton's jelly
B. amniotic fluid
C. colostrum
D. meconium

43. The third stage of labor includes the time from the:

A. onset of labor until delivery of the infant
B. onset of labor until complete dilatation of the cervix
C. delivery of the infant to delivery of the placenta
D. complete dilatation of the cervix until delivery of the infant

44. One type of regional anesthesia used during labor is:

A. saddle
B. ethylene
C. trilene
D. nitrous oxide

45. An advantage of regional anesthesia during labor is that:

A. the mother is awake throughout delivery
B. it's less expensive
C. it may be administered by a technician
D. it is completely safe

46. There are many things to be done and considered in the preparation of the delivery room. One significant preparation to be made involves the baby and that is to:

A. prepare sterile equipment
B. prepare to clean the baby
C. prepare an incubator for the baby
D. the Apgar chart

47. From the time complete dilatation of the cervix occurs to when the expulsion of the fetus happens describes the:

A. first stage of labor
B. second stage of labor
C. third stage of labor
D. final stage of labor

48. During the second stage of labor, the nurse should:

A. wash the perineum frequently
B. encourage the mother to relax between contractions
C. encourage the mother to be more cooperative
D. give a cleansing enema

49. The physician checks to see that the umbilical cord is not wrapped around the baby's neck:

A. after the head is delivered
B. before the head is delivered
C. before the episiotomy
D. after the first stage of delivery

50. After the delivery, the physician will:

A. place the infant on the mother's abdomen
B. clamp and cut the cord
C. mold the infant's head
D. slap the baby's buttocks

51. Which is the most important action for the immediate well-being of the newborn?

A. Identifying it properly
B. Maintaining a patent airway
C. Administering vitamin K
D. Medicating the eyes

52. The third stage of labor usually lasts five to:

A. ten minutes
B. thirty minutes for the primipara
C. thirty minutes for the multipara
D. forty-five minutes

53. The third stage of labor is characterized by:

A. the delivery of the second infant
B. contraction of the fundus
C. delivery of the placenta
D. delivery of the baby

54. The placenta is checked carefully to determine if the:

A. placenta is intact
B. maternal surface appears first
C. fetal surface appears
D. infection is present

ANSWER SHEET
DELIVERY ROOM

1. C
2. D
3. A
4. D
5. B
6. A
7. B
8. B
9. C
10. C
11. C
12. C
13. B
14. C
15. B
16. D
17. B
18. A
19. C
20. C
21. A
22. C
23. D
24. D
25. B
26. B
27. B
28. B
29. B
30. D
31. B
32. C
33. C
34. A
35. B
36. C
37. D
38. C
39. B
40. C
41. A
42. D
43. D
44. A
45. A
46. C
47. B
48. B
49. B
50. A
51. B
52. A
53. C
54. A

[redacted]

POSTPARTUM

SECTION C
MATERNAL AND INFANT CARE
UNIT V
POSTPARTUM

1. A patient with thrombophlebitis should be instructed to do all the following except to:

   A. avoid remaining in one position too long
   B. wear elastic stockings as prescribed
   C. avoid crossing legs when sitting or lying
   D. cross legs when sitting to prevent straining

2. The first thing the nurse would do if the postpartum patient had a boggy fundus is to:

   A. massage the fundus
   B. massage the fundus until firm
   C. administer oxytocic
   D. observe the lochia

3. Symptoms of postpartum psychosis include all of the following except:

   A. insomnia
   B. irritability
   C. alertness
   D. apathy and depression

4. If your patient had a puerperal infection, which position would be best to facilitate drainage?

   A. Fowler's
   B. Sims's
   C. Knee-chest
   D. Trendelenburg

5. Urinary output after delivery should be closely observed. Failure to void may lead to all of the following except:

   A. severe discomfort
   B. infection of the urinary tract
   C. decreased capacity of the bladder
   D. prolonged hospitalization

6. One of the most important measures which help to prevent puerperal infection is:

   A. wearing mask and gowns
   B. frequent and thorough handwashing
   C. wearing sterile gloves
   D. using isolation techniques

7. The most common cause of mastitis is:

   A. Staphylococcus aureus
   B. hemolytic streptococcus
   C. gonorrhea
   D. breast feeding

8. When the lining of the uterus is infected, the condition is known as:

   A. parametritis
   B. endometritis
   C. metritis
   D. carditis

9. The uterus should not be palpable above the symphis pubis by what day?

   A. Third day
   B. Fifth to sixth day
   C. Tenth day
   D. First day

10. The brownish discharge seen from the fourth to tenth day after labor is:

   A. lochia serosa
   B. lochia rubra
   C. lochia alba
   D. lochia tubra

11. 90 percent of postpartum hemorrhage is due to:

   A. clotting defects of the blood
   B. retention of placental fragments
   C. vaginal and cervical lacerations
   D. uterine atony

12. For the first two or three days post partum, the lochia is called:

   A. lochia alba
   B. lochia rubra
   C. lochia serosa
   D. lochia tubra

13. Lochia with a foul odor indicates:

   A. improper cleaning
   B. infection
   C. failure to change pads frequently
   D. it has drained into the vagina

14. A uterus that has good tone:

A. contracts and stays retracted
B. contracts and then relaxes at intervals
C. stays relaxed and comfortable
D. stays boggy and soft

15. The mother who nurses her baby may have afterpains at the time she feeds the baby because:

A. increased amounts of prolactin are produced
B. the uterus relaxes at this time
C. breast feeding stimulates the uterus to contract
D. a decrease in estrogen occurs

16. The first hour following delivery is a critical period for the mother because it is during this time that most:

A. hematomas occur
B. thrombophlebitis occurs
C. infections occur
D. postpartum hemorrhages occur

17. A contracted uterus feels firm to the touch and should not be massaged because this:

A. causes the fundus to rise above the umbilicus
B. tires the uterus and thus, decreases its ability to remain contracted
C. causes accumulation of blood within the uterus
D. does nothing to the uterus

18. Colostrum is secreted for:

A. seven or eight days
B. two or three weeks
C. one month
D. two or three days

19. Most temperature elevations during the puerperium are caused by:

A. cystitis
B. perititis
C. puerperal infections
D. thrombophlebitis

20. The point the nurse should stress to the patient in applying perineal pads is to:

A. cover the vulva
B. prevent contamination from vulva to anus
C. prevent contamination from anus to vulva
D. prevent contamination of the bladder

21. Afterpains are caused by:

A. trauma during labor and delivery
B. contractions of the uterus as it attempts to regain its muscle tone
C. constipation in the postpartum period
D. a prolapsed uterus

22. A postpartal infection may be caused by:

A. poor resistance
B. contamination of the vulva with feces
C. allowing the mother to ambulate
D. the high acidity of the mother's vaginal secretions

23. The mother's breasts can be dried up or breast congestion relieved by the oral administration of:

A. adrenalin
B. testosterone
C. cafergot
D. stilbesterol

24. When milk fills the mother's breasts, it is known as a period of:

A. lactation
B. engorgement
C. involution
D. puerperium

25. The term involution refers to:

A. an increase in the size of the uterus to accommodate the growing fetus
B. a sloughing off of the inner lining of the uterus
C. the discharge of the ovum from the Graafian follicle
D. the return of the uterus to its normal nonpregnant state

26. The type of lochia that a nurse most likely will observe on a second day postpartum patient is:

A. lochia rubra
B. lochia serosa
C. lochia alba
D. lochia luteo

27. Ms. Smith, a postpartum patient, is taught how to give herself perineal care. Which of the following statements is not a reason for giving perineal care?

A. It promotes healing of the perineum
B. It makes the mother comfortable
C. It helps prevent infection
D. It prevents the occurance of a hematoma

28. Ms. Smith's breasts feel very firm and warm to touch, and she says they are painful. This engorgement of her breasts is due largely to:

A. an overabundance of milk
B. an exaggeration of the normal stasis of the breast's veins and lymph ducts
C. ineffective nursing by the baby
D. the lack of adequate breast support

29. Engorgement of the breasts usually lasts:

A. one to two days
B. until the temperature returns to normal
C. four days
D. six days

30. Breast engorgement in the mother is frequently referred to by lay people as:

A. witch's milk
B. caked breasts
C. milk fever
D. red breasts

31. Afterpains seem to be most pronounced in the:

A. Cesarean section patient
B. elderly primipara
C. multipara
D. primipara

32. On the first postpartum day, if the fundus is above the umbilicus and off to one side, the nurse should conclude that there:

A. are retained placental fragments
B. are poor muscle supports
C. are clots present
D. is a full bladder

33. Following a vaginal delivery, most obstetricians will make an appointment to check their patients in about:

A. two weeks
B. eight weeks
C. six weeks
D. ten weeks

34. Ms. Smith tells the nurse that each time she breastfeeds, she experiences some pain similar to the discomfort she had during labor. This most likely is indicative of:

A. the uterus involuting
B. improper sucking by the baby
C. suppression of lochia
D. uterine atony

35. After delivery the cervix:

A. sloughs off its lining
B. remains soft, flabby, and partly open permanently
C. changes with the external os remaining somewhat wider than in the prepregnant state
D. returns to a prepregnant state

36. During the puerperium, the nursing objective(s) is/are:

A. keeping the fundus soft and pliable
B. preventing infection and thrombophlebitis
C. preventing breast engorgement
D. keeping the patient in bed for 48 hours

37. The first day after delivery, the fundus should be:

A. above the umbilicus
B. below the umbilicus
C. at the level of the umbilicus
D. retroflexed

38. Normal blood loss during and after delivery may be:

A. 50 to 100 cm^3
B. 50 to 200 cm^3
C. 50 to 300 cm^3
D. 50 to 750 cm^3

39. A nursing intervention in postpartum hemorrhage would be to:

A. take the vital signs
B. maintain aseptic technique
C. massage the fundus until firm
D. change the perineal pads

40. To support a grieving mother, the nurse should

A. provide her with information from personal experiences
B. evade as many questions as possible because it is excusable in a time of grief
C. encourage her to express her feelings by listening
D. give her a sedative

41. Which of the following best describes symptoms of postpartum psychosis?

A. Aphonia and depression
B. Apathy and depression
C. Aphasia and depression
D. Loss of appetite and aphonia

42. Which statement would best describe the concept of rooming-in?

A. An arrangement where mother and baby are cared for in the same unit with the focus of care being family oriented
B. An arrangement where mother and baby are together in the same unit, and the mother is expected to assume complete care of the baby
C. An arrangement where mother and baby are cared for in adjoining rooms, and the mother attends baby care classes
D. An arrangement which encourages the mother to be active

43. An advantage of breast feeding is:

A. certain drugs may be transmitted through the milk
B. it causes fewer allergic reactions to occur
C. the infant will always receive an adequate amount of milk
D. the mother's milk will always agree with the baby

44. What position should the mother assume when she breastfeeds her baby?

A. A sitting position
B. A semi-reclining position
C. Whatever position is comfortable
D. Flat on her back in bed

45. A self-demand feeding schedule means feeding:

A. the baby every four hours and as often as the baby desires
B. the baby whenever it cries
C. the baby according to its individual needs
D. on a set schedule

46. In the immediate postpartum period, the nurse must not allow the patient's bladder to become greatly distended. The main reason for this precaution is that:

A. the bladder may have been weakened during labor, and it may rupture
B. the patient may void involuntarily and contaminate the birth canal
C. a full bladder can push into the upper abdomen and lead to uterine hemorrhage
D. an overdistended bladder may press against the suture line of the episiotomy and open the surgical wound

47. Puerperal infection may be defined as:

A. a postpartum wound infection of the birth canal
B. an infection of the uterine cavity
C. a postpartum infection of the birth canal which occurs secondarily to another infection in the body
D. any infection occurring within six weeks of delivery

48. Symptoms of puerperal infection may include:

A. low grade temperature
B. a foul discharge from the breasts
C. profuse dark brown lochia
D. engorgement of the breasts

49. Which of the following is not included in the management of thrombophlebitis?

A. Elevation of the affected leg
B. The use of a bed cradle
C. Anticoagulants
D. Massage of the affected leg

50. In the event of postpartum hemorrhage, the LPN discovering the bleeding should first:

A. change the perineal pads and make the patient as comfortable as possible
B. use the emergency signal and massage the fundus as taught
C. take the patient's blood pressure
D. raise the foot of the patient's bed

51. Lochia is the term used to describe the:

A. fluid surrounding the fetus in utero
B. clear fluid secreted by the breasts during the first 24 hours after delivery
C. vaginal discharge following delivery
D. vaginal discharge secreted just before the second stage of labor

52. When lochia has a foul smell, the nurse should:

A. realize that this may be an indication of infection and report it immediately
B. consider this to be normal during the first few days after delivery
C. begin vaginal irrigations to reduce the odor and provide comfort for the patient
D. discontinue the use of perineal pads for a few days

53. The patient should be taught to apply and remove perineal pads:

A. from front to back
B. from back to front
C. with sterile forceps
D. only after donning a pair of sterile gloves

54. The nurse should make which of the following observations during the fourth stage of labor?

A. Determine whether the patient's vital signs have stabilized
B. Determine the patient's sleeping habits
C. Determine the flow rate of the IV fluid
D. Observe the degree of bladder distention

55. Lactation is the term used to describe:

A. the first secretions of the breasts following childbirth
B. the secretion of milk by the breasts
C. a blood-tinged fluid sometimes secreted by the breasts of a primipara
D. the manual expression of milk

56. The non-nursing mother will receive medication to suppress lactation. If she experiences some breast engorgement, the physician may order any of the following measures for her comfort except:

A. a mild sedative
B. ice packs
C. manual expression of the milk
D. a breast binder for support

57. The chief purpose of using a breast binder is to:

A. immobilize the breasts downward against the chest wall
B. increase the flow of milk
C. reduce the size of the breasts
D. support the breasts, holding them up and outward

58. The nursing mother may not have a menstrual period for several months after delivery, or even until she discontinues breast feeding. She should be told that:

A. ovulation is suppressed and pregnancy is impossible as long as breast feeding is continued
B. breast feeding does not suppress ovulation and pregnancy is possible even though she continues breast feeding
C. the uterus does not return to its normal size until after breast feeding is discontinued
D. if the menstrual flow does not return in two months, she should discontinue the breast feeding

59. When administering an enema to a puerperal patient, it is most important for the nurse to:

A. use a very small catheter
B. administer no more that 100 ml of solution
C. be careful not to injure the perineum while inserting the tube
D. insist that the patient administer it to herself because she will need to be able to perform the procedure for herself at home

60. A widely accepted practice that has greatly decreased the incidence of thrombophlebitis following childbirth is:

A. early ambulation
B. immobilization and elevation of the affected part
C. the administration of antibiotics during the puerperium
D. breastfeeding of infants

61. The primary reason for cautioning mothers against taking douches or having marital relations until after the postpartum examination is:

A. danger of rupturing the episiotomy wound
B. reducing the danger of postpartum hemorrhage
C. avoiding the possibility of introducing infection into the birth canal until healing is complete
D. avoiding the danger of cystitis in the postpartum period

62. The puerperium is best defined as the:

A. first 24 hours after delivery
B. first 24 hours before delivery
C. six to 12 weeks following delivery
D. first five days after delivery during which the mother is hospitalized

63. Which of the following changes take place during the puerperium?

A. The uterus returns to its normal size and location, and lactation begins
B. The endometrium begins to undergo changes necessary for menstruation
C. Cervical dilatation takes place, and the uterus begins to contract at regular intervals
D. The placenta begins to separate from the uterine wall, and the cervix becomes completely dilated

64. Ms. S. was returned to her room, and her husband was allowed to visit her. They asked if they might see the baby. The nurse should:

A. ask the nursery attendant to bring the baby to the mother's room for a short visit
B. send the father to the nursery and have the mother wait to see her baby until after she has had a good night's sleep
C. express disapproval and take this opportunity to teach the parents the dangers of cross infection
D. ask the father to bring the baby from the nursery to Ms. S's room

ANSWER SHEET
POSTPARTUM

1. D
2. B
3. C
4. A
5. C
6. B
7. A
8. B
9. C
10. A
11. D
12. B
13. B
14. A
15. C
16. D
17. B
18. D
19. C
20. B
21. B
22. D
23. B
24. B
25. D
26. A
27. D
28. B
29. A
30. B
31. C
32. D
33. C
34. A
35. C
36. B
37. C
38. C
39. C
40. C
41. B
42. A
43. B
44. C
45. C
46. C
47. A
48. C
49. D
50. B
51. C
52. A
53. A
54. A
55. B
56. C
57. D
58. B
59. C
60. A
61. C
62. C
63. A
64. A

[redacted]

NORMAL NEWBORN

SECTION C
MATERNAL AND INFANT CARE
UNIT VI
NORMAL NEWBORN

1. The day after Ms. S.'s labor, Mr. S. visits his wife and tells the nurse that their baby had been placed in an incubator the day before but is now in a crib like the other babies. He asks if this means that something was wrong at birth. The nurse should explain that:

   A. all babies are put in incubators and given oxygen for a while in case they have a respiratory infection
   B. a loss of blood when the cord is cut causes a deficiency of oxygen and some babies must be placed in an incubator
   C. the sudden change from the mother's body to the outside causes a drop in body temperature, and because the newborn infant's heat-regulating center is not yet fully developed, it is placed in an incubator until warmth is regained
   D. many babies catch pneumonia when they are born, and the incubator is used to prevent chilling and the danger of such an occurrence

2. Jaundice resulting from cell destruction may appear in the newborn. This is a/an:

   A. yellow atrophy of the liver
   B. infectious jaundice
   C. physiologic jaundice
   D. traumatic jaundice

3. The condition that is prevented by instilling silver nitrate or penicillin into the eyes of the newborn is:

   A. ophthalmia neonatorum
   B. subconjunctival hemorrhage
   C. ophthalmia phylyctenular
   D. ophthalmomycosis

4. The scale commonly used to evaluate the newborn is the:

   A. Crede
   B. Schultze
   C. Apgar
   D. Duncan

5. The newborn has a soft spot on its head. The purpose of this spot is to:

   A. allow for increased pressure on spinal fluid
   B. protect the brain from intrauterine pressures
   C. protect the brain from pressures within the birth canal
   D. permit easy adjustment to the pressure from the external environment

6. The average newborn's weight is:

A. 2700-3850 gm
B. 2500 kg
C. 3.180 kg
D. 700 kg

7. Cephalohematoma is a/an:

A. abnormal collection of fluid under the scalp
B. collection of bloody fluid under the first covering of the cranial bone
C. bruising of the scalp which contains no fluid
D. molding of the scalp

8. The fontanels are landmarks used in the study of the infant. In normal newborns, the fontanels should be:

A. both closed
B. closed in the posterior and open in the anterior
C. both open
D. closed in the anterior and open in the posterior

9. The normal newborn infant is covered with a cheese-like material, which is found especially in the body folds. This material is called:

A. lanugo
B. milia
C. vernix caseosa
D. petechiae

10. The pulse of the newborn infant is checked at the apex of the heart. The normal heartbeat rate for the newborn is:

A. 72 per minute
B. 100 per minute
C. 120-160 per minute
D. 96-100 per minute

11. The hands and feet of the newborn infant may be blue in color. This is due to:

A. congenital heart disease which must be reported immediately
B. the fact that the baby is too cold
C. poor circulation establishment which will clear up shortly
D. acute respiratory distress

12. The Moro reflex occurs when the baby is:

A. placed on the abdomen with its head to one side
B. startled
C. held upright
D. sucking

13. A newborn child of up to four weeks of age best describes a/an:

A. infant
B. neonate
C. baby
D. fetus

14. What percentage of neonatal deaths occur during the first twenty-eight days of life?

A. 50%
B. 60%
C. 70%
D. 10%

15. The usual length of a newborn is:

A. 19 to 21½ inches
B. 23 to 25 inches
C. 16 to 24 inches
D. 29 to 31½ inches

16. During the first few days of life, the newborn will normally lose:

A. little or no body weight
B. 6-10 oz
C. 10-12 oz
D. one-fourth of their birth weight

17. The anterior fontanel closes between the:

A. third and sixth months
B. 12th and 14th months
C. 12th and 16th months
D. 12th and 18th months

18. The head of the normal newborn is:

A. large in proportion to the rest of the body
B. long and narrow
C. long, narrow, and pointed
D. smaller in proportion to the rest of the body

19. The reason the skin of the newborn is bright pink is because of:

A. irritation of the skin during delivery
B. an abundance of pigment that is characteristic of all newborns
C. the large number of red blood cells present in its blood in comparison to the size of its blood vessels
D. pressure from delivery

20. The Moro reflex is a response to:

A. hunger
B. loud noises
C. disturbances in the gastrointestinal tract
D. rubbing the cheek

21. Which of the following reflexes may be an indication of the strength and alertness of the normal newborn?

A. Grasp reflex
B. Coughing reflex
C. Rooting reflex
D. Moro reflex

22. The feet and hands of the newborn may be blue or feel cool. This may be due to:

A. a low prothrombin level
B. surplus red blood cells being destroyed
C. the blood not circulating freely to the extremities
D. the instability of the temperature regulating mechanism

23. The respiration rate of the normal newborn may vary from:

A. 30 to 80 per minute
B. 30 to 50 per minute
C. 40 to 50 per minute
D. 120 to 180 per minute

24. After birth meconium should be passed within the first:

A. eight hours
B. 16 hours
C. 24 hours
D. month

25. The stools of breastfed babies are:

A. orange-yellow and soft
B. lemon yellow with curds
C. brown and semi-formed
D. green and seedy

26. The kidneys are limited in their ability to respond to an abnormal fluid balance; therefore,:

A. first voiding may not occur for 24 hours
B. dehydration may occur rapidly
C. the urine may leave a brick red stain on the diaper
D. fluids must be withheld for eight hours

27. The nurse is holding the baby so its body is supported by the nurse's forearm and the infant's head and neck are resting in the nurse's hand. The lower portion of the baby's body is held between the nurse's elbow and hip. Which of the following best describes this hold?

A. Traditional cradle
B. Football
C. Shoulder
D. Safety hold

28. After feeding, the infant should be cleaned as required and placed in a crib on his/her:

A. abdomen
B. left side
C. back
D. infant seat

29. The infant's head and upper body should be slightly elevated during feeding to:

A. observe for signs of respiratory or gastic distress
B. minimize the possibility of aspiration
C. lessen the amount of air being swallowed
D. promote burping

30. On which day after birth are Hebrew infants nearly always circumcised?

A. Third
B. Fifth
C. Eighth
D. 24th

31. The fine downy hair that covers the infant in utero but is almost absent at term is called:

A. vernix caseosa
B. meconium
C. caput
D. lanugo

32. The most immediate problem of the newborn infant is to:

A. be kept warm
B. be footprinted or otherwise identified
C. establish a good respiratory exchange
D. have the umbilical cord clamped

33. Plugged sebaceous glands of the nose, cheeks, and chin are called:

A. vernix caseosa
B. milia
C. desquamation
D. nevi

34. A breastfed infant who is one week old should be having normal stools. They would be:

A. liquid green stools
B. constipated, greenish-brown stools
C. meconium stools
D. soft yellow stools

35. Vitamin K is often given to newborns to insure:

A. GI motility
B. the clotting mechanism
C. ophthalmia neonatorum
D. desquamation

36. An infant is most sensitive to tactile stimulation on its:

A. buttocks
B. extremities
C. torso
D. lips

37. Phenylketonuria (PKU) testing detects:

A. inherited kidney problems
B. inherited metabolic disease
C. venereal diseases
D. inherited blood diseases

38. An infant is usually first given nourishment how many hours after birth?

A. 24 to 36
B. four to six
C. 12 to 16
D. 48 to 72

39. Fontanels can be most helpful in evaluating:

A. drug reactions
B. dehydration
C. urinary tract infections
D. respiratory distress

40. What is the normal range of birth weights in the newborn?

A. 3-5 lbs
B. 5-6 lbs
C. 6-8½ lbs
D. 9-12 lbs

41. An infant's temperature is routinely taken:

A. orally
B. by putting the thermometer in the armpit
C. rectally
D. by putting the thermometer in the groin

42. The average birth weight of babies in the U.S.A. is:

A. 5-6½ lbs
B. 6-6½ lbs
C. 7-7½ lbs
D. 8-8½ lbs

43. The usual length of a full term infant is:

A. 19-21½ in
B. 15-17 in
C. 22-25 in
D. 16-24 in

44. How many fontanels is it possible to palpate in the newborn?

A. One
B. Two
C. Three
D. Four

45. A mother who is afraid to touch her baby's head for fear of hurting "the soft spot" should be told,:

A. "You may touch every part except that, and in a year or so, it will fill in so there will be no more danger."
B. "That's just an 'old wives tale'. Don't worry about it."
C. "There is a good tough membrane there to protect the baby so you need not be afraid of normal pressures necessary to wash or comb hair."
D. "It will disappear in a few weeks so you won't have any problems."

46. The tonic neck reflex is characterized by:

A. the baby turning its head toward the source of a loud noise
B. the baby turning its head toward a light
C. flexion of the right arm and leg and extension of the left arm and leg when the baby's head is turned toward the left
D. the same reflex found in the presence of a spastic paralysis

47. The umbilical cord usually drops off in:

A. five to seven days
B. five to 14 days
C. 14-30 days
D. at birth

48. When a baby goes home, the mother should be taught to care for the umbilicus by:

A. covering the cord with a firm adhesive tape bandage
B. covering the cord with a sterile dressing held in place with a tight binder
C. leaving it alone
D. keeping it clean and dry with an occasional alcohol cleansing to help in drying

49. Which of the following techniques is most important in preventing infections in the newborn nursery?

A. Autoclaving all linen and clothing for the babies
B. Wearing masks and clean nursery dresses
C. Handwashing before each contact with the infants
D. Using ultraviolet lights and special ventilating systems

50. Care of the genitalia of a female infant should include:

A. complete removal of all smegma and vernix as soon after birth as possible
B. gentle daily cleansing to remove smegma without traumatization of the vulva
C. probing the vagina to assure patency on admission to the nursery
D. none of the above

51. The movements of the newborn infant are jerky and poorly coordinated. This is primarily due to:

A. hypersensitivity to cold
B. immaturity of the nervous system
C. poor muscle tone
D. abnormal reflexes resulting from injury at birth

52. The premature infant is placed in an isolette and administered oxygen primarily because:

A. all premature infants have incomplete expansion of the lungs
B. most premature infants have a respiratory disease at birth
C. prematurity of an infant is characterized by difficulty with respiration
D. most premature infants are born after excessive use of anesthesia during labor and are, therefore, heavily sedated

53. The percentage of oxygen administered within the isolette or by any other method should not exceed:

A. 10%
B. 20%
C. 40%
D. 60%

54. An excessive amount of oxygen administered to the premature infant has been found to be:

A. a major factor in the development of anemia
B. damaging to the lungs
C. the cause of excessive destruction of red blood cells
D. the cause of retrolental fibroplasia which produces blindness

ANSWER SHEET
NORMAL NEWBORN

1. C
2. C
3. A
4. C
5. C
6. A
7. B
8. C
9. C
10. C
11. C
12. B
13. B
14. C
15. A
16. B
17. D
18. A
19. C
20. B
21. A
22. C
23. A
24. C
25. A
26. A
27. B
28. A
29. B
30. C
31. D
32. C
33. B
34. D
35. B
36. D
37. B
38. C
39. B
40. C
41. C
42. C
43. A
44. B
45. C
46. C
47. B
48. D
49. C
50. D
51. B
52. C
53. C
54. D

SECTION C
MATERNAL AND INFANT CARE
UNIT VII
PREMATURE

1. The low birth weight or premature infant:

   A. has a strong sucking reflex
   B. has an abundance of subcutaneous fat
   C. can maintain a stable body temperature
   D. tires easily and may become exhausted from eating

2. The most common, but not necessarily correct, definition of a premature infant has been:

   A. length of less than 19 inches
   B. gestation of less than 36 weeks
   C. weight less than 5½ lbs
   D. immature behavior

3. The premature infant is placed in an isolette and administered oxygen primarily because:

   A. all premature infants have incomplete expansion of lungs
   B. most premature infants have a respiratory disease at birth
   C. prematurity is characterized by difficulty with respiration
   D. most premature infants are born after excessive use of anesthesia during labor and are, therefore, heavily sedated

4. The percentage of oxygen within the isolette, or however administered, should not exceed:

   A. 10%
   B. 20%
   C. 40%
   D. 60%

5. An excessive amount of oxygen administered to the premature infant has been found to be:

   A. a major factor in the development of anemia
   B. damaging to the lungs of a premature infant
   C. the cause of excessive destruction of red blood cells in a premature infant
   D. the cause of retrolental fibroplasia which produces blindness

6. The six or seven month old fetus will be skinny and scrawny because:

   A. all its nourishment has gone into completing the development of the nervous system
   B. its digestive system is not fully developed
   C. it is hyperactive up to this time
   D. it has not been in the uterus long enough to have fat pads deposited

ANSWER SHEET
PREMATURE

1. D
2. C
3. C
4. C
5. D
6. D

[redacted]

NEWBORN WITH
ABNORMALITIES

SECTION C
MATERNAL AND INFANT CARE
UNIT VIII
NEWBORN WITH ABNORMALITIES

1. The mouth of an infant who develops thrush appears to contain:

   A. tiny blisters
   B. white patches which resemble milk curds
   C. dark red patches
   D. small lesions with a brown secretion

2. The most common cause of jaundice present at birth is:

   A. Rh and ABO incompatibilities
   B. vitamin K intoxication
   C. syphilis
   D. physiological jaundice

3. The infant usually voids by the time it is 24 hours old. Complete anuria may indicate:

   A. a colicky baby
   B. a congenital anomaly
   C. a stubborn baby
   D. bladder irritability

4. Surgical closure of a cleft lip is usually done:

   A. at the age of five years
   B. after the child becomes aware of the deformity
   C. during the first few months of life
   D. immediately

5. Immediately after surgical repair of a cleft lip, it is most important to prevent injury to the operative area. This is best accomplished by:

   A. keeping the infant heavily sedated
   B. keeping the infant lying on its abdomen with head turned
   C. restraining the infant's arms
   D. giving the infant a pacifier to put into its mouth instead of fingers or thumb

6. A cleft palate involves the roof of the mouth. In addition to feeding problems, this condition also causes:

   A. deafness
   B. speech defects which require speech therapy
   C. mental retardation
   D. paralysis of the throat

7. Feeding problems in infants with cleft palates are usually overcome by:

A. administering fluids by vein until surgery can be performed
B. using a specially designed nipple as long as the infant takes formula from a bottle
C. giving feedings through a Levin tube
D. feeding the infant through a gastrostomy tube

8. The term used to describe an increased accumulation of cerebrospinal fluid within the ventricles of the brain is:

A. anencephalus
B. microcephalus
C. hydrocephalus
D. hypercephalus

9. A congenital defect of the spine through which the meninges protrude encased in a soft sac is called:

A. occult spina bifida
B. meningocele
C. meningomyelocele
D. hydrocephalus

10. Congenital hip dislocation may be observed as:

A. limited abduction of the hip joint
B. symmetry of the hip joint
C. one leg being longer than the other
D. the loss of function in the affected extremity

11. Baby Brown has an order to be fed six hours after delivery. The nurse notices that the infant has excessive mucus, drooling, and choking. Which course of action should the nurse follow?

A. Suction the infant and try feeding as ordered
B. Suction the infant and use some sterile water to clear away the mucus
C. Suction the infant and try passing a gastric tube
D. Suction the infant, withhold any oral feeding, and notify the physician

12. The chief nursing care problem for an infant with a cleft palate and lip is:

A. keeping the baby warm
B. maintaining an airway and giving feedings
C. keeping the baby from crying
D. giving feedings

13. Which of the following are seen in the child with a meningocele?

A. Club feet
B. Mental retardation
C. Lower extremities which may be paralyzed
D. Intracranial hemorrhage

14. One of the most important concerns in caring for a child who has had a cleft lip repair is:

A. restoring acid-base balance
B. preventing constipation
C. keeping Posey restraints in place
D. keeping the suture line clean

15. Jaundice which appears during the first 24 hours of life:

A. should be reported immediately
B. is physiological jaundice
C. is common
D. means the baby needs an exchange transfusion

16. If PKU is detected, an infant:

A. undergoes extensive physical therapy
B. is placed on a low phenylalanine diet
C. is usually institutionalized
D. is placed on antibiotic therapy

17. Phenylketonuria is a/an:

A. endocrine disorder
B. prophylactic measure
C. blood dyscrasis
D. inborn metabolic disorder

18. The cyanosis produced while the patient is in a grand mal seizure is the result of:

A. low hemoglobin
B. excessive muscle activity
C. paralysis of the diaphragm
D. spasm of the respiratory muscles

19. Signs of meningeal irritation might include:

A. increased blood pressure
B. neck and back pain
C. respiratory difficulty
D. papilledema

20. Two essential elements of treatment in patients with most types of encephalitis and meningitis are:

A. bedrest and gamma globulin
B. antibiotics and good nursing care
C. medication administered by a lumbar puncture and good nursing care
D. sedation and bedrails

21. A child with a meningocele:

A. will require a great deal of medical attention well past puberty
B. may be positioned with the defect against the bed
C. needs surgery to repair the defect
D. needs no treatment

22. A condition sometimes found in the newborn is:

A. Parkinson's palsy
B. brachial palsy
C. Bell's palsy
D. shaking palsy

23. Shunting is a procedure done in which of the following?

A. Epilepsy
B. Encephalitis
C. Hydrocephalus
D. Spina bifida

24. Which of the following is usually associated with spina bifida?

A. Rectocele
B. Myectomy
C. Mylomeningocele
D. Myloblast

25. The correct medical name for mongolism is:

A. Hurler's syndrome
B. Down's syndrome
C. Laurence-Moon syndrome
D. galactosemia

26. Meningitis and encephalitis have similar symptoms. Which of the following is not a symptom usually found in both diseases?

A. Elevated temperature
B. Stiff neck
C. Drowsiness
D. Severe headache

27. Which of the following tends to increase in incidence as the mother's age increases?

A. Toxemia
B. Rh incompatibility
C. Down's syndrome
D. Hemorrhagic complications

28. Which of the following would indicate a need for circumcision or some operation to enlarge the opening in the foreskin?

A. hypospedius
B. phimosis
C. oomphalitis
D. pseudohermaphroiditism

29. Thrush in the newborn would be detected by:

A. white patches which look like milk curds and can be easily wiped away with a moist cotton ball
B. white patches which look like milk curds and adhere to the mucus membrans
C. white patches which are found in the vulvalar area of a female
D. bleeding gums

30. The most commonly fractured bone in the infant at birth is the:

A. coccyx
B. radius
C. clavicle
D. scapula

31. The infant suffering from erythroblastosis fetalis:

A. has an excellent prognosis with the use of T.L.C.
B. is treated by administration of Rho-Gam within 72 hours
C. is usually given an exchange blood transfusion at birth if the condition is severe
D. is another indication for the use of oxygen at 40%

ANSWER SHEET
NEWBORN WITH ABNORMALITIES

1. B
2. A
3. B
4. C
5. C
6. B
7. B
8. C
9. B
10. A
11. D
12. B
13. C
14. D
15. A
16. B
17. D
18. D
19. B
20. B
21. C
22. B
23. C
24. C
25. B
26. C
27. C
28. B
29. B
30. C
31. C

[redacted]

NURSING OF CHILDREN

SECTION D
NURSING OF CHILDREN
UNIT I
INTRODUCTION

1. The family consisting of the parents and children is called:

    A. the extended family
    B. sibling rivalry
    C. WASP
    D. the nuclear family

2. To provide for the psychosocial needs of children, love and attention must be given:

    A. so they can gain approval through doing whatever they wish and feel they would like to do
    B. to avoid frustrating them
    C. to make them feel secure
    D. so they will learn to avoid getting angry

3. Growth and development refers to:

    A. hereditary traits
    B. physical growth and development
    C. emotional and intellectual development
    D. physical, social, emotional, and intellectual development

4. The nurse knows that one of the principles of child development is that development is continuous. The best explanation of this principle is:

    A. when a child reaches a given stage in development, nothing will cause a regression to a previous one
    B. each child will be able to do certain things at a given age; if not, the child should be regarded as abnormal
    C. a child's development is a gradual process, and each stage is based on the previous one
    D. a normal child will continue to develop according to individual nature regardless of any difficulties that are involved in the process

5. Another principle that helps the nurse to understand the behavior of children is that total development is uneven. The best explanation of this would be that:

    A. a child is able physically to do many things before being able to understand the dangers that these acts involve
    B. some children learn to talk and to walk earlier that others
    C. a child's head grows faster than, and out of proportion to, the rest of the body
    D. maturation is a process that does not follow a pattern but is individualistic; therefore, it varies in each child

6. Each person is a product of his or her environment. All of the following are results of environmental factors except:

A. the ability to learn
B. the amount of love and affection received
C. habits and manners
D. nutrition

7. All of the following are hereditary factors except:

A. hair color
B. food likes and dislikes
C. the shape of the face
D. the size of the nose

8. Medical supervision is necessary:

A. once during each developmental stage
B. as the physician suggests; often once a month for six months, then annually
C. only when a developmental problem presents itself
D. if a person suspects a disease that a dentist cannot find

9. We say that normal growth and development proceeds:

A. from front to back
B. from head to foot
C. from the outside to the inside
D. in no set pattern

10. The admission procedure is most important because it:

A. provides information for the business office
B. provides the initial impression of the hospital for parents and their children
C. offers an opportunity to explain the call system to the patient
D. is the time to collect an admission urine specimen

11. The newborn period is considered to be:

A. one month long
B. one week long
C. one year long
D. two weeks long

12. The purpose of teaching parents about normal growth and development of children is to help them:

A. ignore stages of behavior
B. to be less tense about a child's behavior
C. understand the child does not need much attention
D. set higher standards for each child

13. Growth is defined as an increase in:

A. physical proportions
B. height
C. the physical size of the whole body or any of its parts which can be measured
D. weight

14. Development is defined as:

A. a progressive increase in skill and capacity to function
B. that which results from heredity and environment
C. an increase in physical size
D. an increase in emotional maturity

15. The most important aspect to keep in mind in the nursing care of children is:

A. they are little adults
B. their socioeconomic environment
C. their responses are influenced by phases of growth and development
D. their diagnoses

ANSWER SHEET
INTRODUCTION TO NURSING OF CHILDREN

1. D
2. C
3. D
4. C
5. A
6. A
7. B
8. B
9. B
10. B
11. A
12. B
13. C
14. A
15. C

INFANT

SECTION D
NURSING OF CHILDREN
UNITS II AND III
INFANT

1. The infant sleeps about 20 hours a day at what age?

   A. One to two months
   B. Three months
   C. Four months
   D. Five months

2. An atmosphere of high humidity for the child with pneumonia and bronchitis is desirable because it will:

   A. regulate the pulse rate
   B. liquify secretions, making it easier for the child to cough up mucus
   C. regulate the respiration rate
   D. help the sinuses

3. In planning the care of an infant one to two months old, which of the following principles should be observed?

   A. Keeping the infant out of sunlight because its skin is very sensitive
   B. Curtailing household activities because ordinary noises disturb the infant
   C. Dressing the baby according to weather conditions
   D. Staying in the room with the infant to prevent accidents

4. Setting limits for children's behavior should be:

   A. discouraged because authorities feel it makes the child rigid
   B. encouraged because the child needs to know what is expected of him/her
   C. of no major importance because a child develops only according to genetic potential
   D. dependent upon the child's behavior

5. Immunizations should be started by the age of:

   A. two months
   B. six months
   C. one year
   D. two years

6. If the parents of a deaf child do not talk to the infant because they believe the child cannot hear, they should be taught:

A. nothing can be done for the infant until school-age
B. the infant will do best if sent to a residential school for the deaf where there will be other deaf children
C. they should talk to the infant just as if it has normal hearing
D. that the child should be kept away from other children

7. The term otitis media refers to:

A. an inflammation of the middle ear
B. an inflammation of the inner ear
C. an inflammation of the nasal sinuses
D. vomiting and diarrhea in infants

8. Erikson described the personality development challenge of infancy as:

A. intimacy vs. isolation
B. autonomy vs. shame and doubt
C. identity vs. identity confusion
D. trust vs. mistrust

9. In the hospital, the infant's mother should be encouraged to do which of the following?

A. Keeping strict visiting hours because too much attention is not good for the baby
B. Refraining from picking up and holding a sick baby
C. Keeping out of the nurse's way and not trying to care for the baby while in the hospital
D. Holding and cuddling the infant unless contraindicated and changing, feeding, and staying with the infant when receiving uncomfortable treatment if desired

10. Normally the infant of six to eight weeks will:

A. be able to hold its head erect
B. have a social smile and use it
C. laugh aloud
D. sit alone

11. At six months old, the baby should be:

A. sitting without support
B. allowed daily activity on a hard surface, such as a playpen
C. taking only one nap a day
D. fed whole eggs but in small portions

12. Which of the following age groups would have the most rapid pulse and respirations?

A. Newborns
B. Toddlers
C. School-age children
D. Adolescents

13. Foods for infants most likely to cause allergic reactions are:

A. rice cereal and applesauce
B. orange juice and egg yolk
C. orange juice and egg white
D. barley cereal and apple juice

14. Which of the following practices could be considered unsafe?

A. Keeping a hand over but not touching the baby while weighing
B. Propping up the bottle
C. Bathing a baby in water of 95-100°F
D. Placing the diaper pins outside of the crib when changing the diaper

15. Which of the following behaviors in infancy should arouse suspicion?

A. Generalized body activity
B. Vigorous sucking
C. Shrill crying
D. Pink tinged mucous membranes

16. An infant's growth in length can best be described by which of the following?

A. The infant grows about one inch a month the first year
B. The infant grows about one-half inch a month the first year
C. The infant grows about one inch a month the first six months and about one-half inch a month the second six months
D. The infant grows about two inches a month the first six months and about one inch a month the second six months

17. We could expect the newborn's TPR to be about:

A. 98.6, 100, 20
B. 96.0, 130, 40
C. 98.6, 150, 40
D. 98.6, 18, 80

18. The soft spots that can be felt in the newborn infant's skull are called the:

A. suture lines
B. fontanels
C. parietal cavities
D. occipital sutures

19. It is generally agreed that an infant should be fed:

A. on a demand schedule whenever hungry
B. every four hours even if forced feeding is required
C. at least every two hours for the first two months of life
D. at the convenience of the mother

20. Which of the following statements is true concerning an infant's rate of growth?

A. At no other time in pre- or postnatal life does the infant grow as rapidly
B. The infant can be expected to be double its birth weight in approximately six months
C. The infant can be expected to be double its birth weight in one year
D. The infant grows slowly in comparison to other age groups

21. The infant usually can roll from prone to supine position and reverse at age:

A. one to two months
B. three to four months
C. five to seven months
D. seven to eight months

22. A child can usually walk by age:

A. nine months
B. 15 months
C. eight months
D. 10 months

23. If a child is diagnosed as having Hirschprung's disease, the nurse may expect to care for a:

A. colostomy
B. tracheostomy
C. gastrostomy
D. gastrectomy

24. The nurse must be alert to early symptoms because the danger of strangulation of a portion of the large intestine is present in:

A. Hirschprung's disease
B. intussuception
C. imperforate anus
D. pyloric stenosis

25. Rickets may cause bowed legs as a result of inadequate deposits of:

A. fluorine
B. calcium
C. iodine
D. protein

26. Rickets are primarily due to a deficiency of:

A. vitamin A
B. vitamin E
C. vitamin D
D. vitamin C

27. Scurvy is due to a deficiency of:

A. vitamin C
B. vitamin A
C. vitamin D
D. vitamin B

28. Symptoms of a GI tract obstruction in the infant could include all of the following except:

A. excessive mucus
B. vomiting
C. absence of stools
D. dehydration due to diarrhea

29. A good toy for an infant would be:

A. clay
B. a cradle gym
C. a Barbie doll
D. a musical top

30. The infant should receive which of the following immunizations in its first year?

A. DPT only (Diptheria toxoid, tetenus, and pertussis vaccine)
B. DPT and trivalent oral poliovaccine
C. DPT, live measles vaccine, and live mumps vaccine
D. DPT and small pox and live measles vaccine

31. All of the following symptoms will be seen in pyloric stenosis except:

A. visible peristaltic waves
B. projectile vomiting
C. anorexia
D. dehydration

32. Which of the following age groups is most likely to suffer from otitis media?

A. Infants
B. School-age children
C. Adolescents
D. Adults

33. When administering ear drops to an infant, the nurse should remember to:

A. hyperextend the neck
B. place the infant on the affected side
C. pull the outer ear up and down
D. pull the outer ear down and back

34. After surgery on the ear, the nurse should instruct the patient:

A. to limit fluid intake
B. to stay in bed
C. not to blow her/his nose
D. not to eat anything hot

35. After birth the greatest physical growth usually occurs during:

A. puberty
B. adolescence
C. infancy
D. early childhood

36. Most children are able to sit alone by age:

A. five to six months
B. six months
C. four months
D. seven and one-half months

37. The cause of all congenital abnormalities is not known. In caring for a child with this type of problem, it is important:

A. for the nurse to keep his/her suspicions from the parents until they begin to ask questions
B. for the condition to be diagnosed, evaluated, and discussed with the family as soon as it is recognized
C. to pretend the condition does not exist and treat the child accordingly
D. to tell the parents but exclude them from the child's care because they will undoubtedly have to give the child up anyway

38. The most important aspect of the evaluation of a child with a congenital defect is:

A. determining if other members of the family are "normal"
B. recommending hospitalization of the child
C. estimating the potential of the child
D. listing the incapacities of the child

39. Frequently, a pediatric nurse helps the doctor in:

A. helping make the diagnosis
B. telling the doctor things a child says about its parents
C. holding or restraining the child for various procedures
D. providing emotional support for the doctor

40. Children are sometimes restrained in the hospital. This is done to:

A. insure effectiveness of treatment
B. punish them for lack of cooperation
C. keep them out of the doctors' and nurses' way
D. keep them from running away

41. When feeding a baby who regurgitates easily, the nurse should:

A. have the formula good and warm
B. not allow the baby to get too hungry before a feeding
C. burp the baby frequently during the feeding
D. place the child on its back after each feeding

42. A nine month old child is restless, pale, and sweating. These symptoms could mean the infant is:

A. hungry
B. lonely
C. nauseated
D. angry

43. Symptoms of serious respiratory problems in a baby are:

A. rapid respiration
B. coughing or sneezing
C. refusing to eat
D. flaring nostrils and retraction of the sternum

44. Symptoms of dehydration are:

A. dryness of mucous membranes and vomiting
B. loss of skin turgor, fever, and dark urine
C. reduced output and bulging fontanels
D. increased weight and diaphoresis

45. The medical term used to refer to brothers and sisters is:

A. siblings
B. peers
C. adolescents
D. relatives

46. What is the purpose of "well baby immunizations?"

A. To lessen the effects of a contagious disease
B. To prevent specific contagious diseases
C. To keep a child from giving a disease to other children
D. To prevent complications when the child gets childhood diseases

47. Another name for rubella and rubeola is:

A. mumps
B. measles
C. whooping cough
D. polio

48. Not including booster shots, a child should have received basic immunizations:

A. by the time she/he starts to school
B. as he/she comes in contact with the diseases
C. by six months of age
D. by 12 to 18 months of age

49. Poliomyelitis is no longer the prevalent disease it once was. Therefore, immunization:

A. against this disease is no longer necessary
B. against this disease may be delayed until a child starts to school
C. remains important in maintaining control of this disease
D. need only be given to children who come in contact with this disease

50. A meningocele is a/an:

A. defect of the cerebrum
B. infection of the spinal cord
C. condition resulting from an injury to the central nervous system
D. congenital anomaly

51. New foods for an infant should be introduced:

A. as soon as the baby indicates an interest in them
B. when the baby is six months old
C. when the baby no longer regurgitates formula
D. one food at a time

52. A helpful fact in giving advice to parents about children's eating habits is:

A. the child who does not eat well is likely to be ill
B. healthy children occasionally go on food jags
C. family eating habits and food preferences do not affect the child
D. if a child takes too large a helping of food, the mother should sit at the table until the child eats it all

53. The doctor orders, "Achromycin Syrup 50 mg." The bottle is labelled "Achromycin syrup 250 mg per 10 ml," and the bottle contains 100 ml. The nurse would give:

A. one teaspoon
B. 10 ml
C. 2 ml
D. 4 ml

54. The doctor orders, "Half strength Similac, 240 m, q4h." The baby takes only four ounces at the 10 a.m. feeding. The nurse should chart:

A. 60 ml
B. 960 ml
C. 120 ml
D. 240 ml

55. The pediatric nurse should always:

A. secure and check the crib rail before leaving the bedside
B. close the curtains around a child so she/he can sleep
C. give mechanized toys to a child in an oxygen test
D. turn off all the lights at bedtime

56. The doctor wants an infant to have 240 m, D5W in 24 hours IV. It is to be administered by "volutrol" (buretrol). The child should receive:

A. 24 ml per hour
B. 60 gtts per minute
C. the total amount as quickly as possible
D. 10 microdrops per minute

57. Children's IV's are monitored and recorded every hour because:

A. this is the only way to be sure the child gets the daily amount of fluid the doctor orders
B. a child can easily get too much or too little fluid
C. students need practice in observing IV's
D. it is better to check the IV often than to use restraints

58. The best site in an infant for an intramuscular injection is the:

A. anterior lateral thigh
B. deltoid (shoulder)
C. gluteus medius (buttocks)
D. ventro-gluteus

59. Before a child is given an injection,:

A. he/she should be told it will not hurt
B. the nurse should show the child the needle and he/she will understand
C. the nurse should select a site which has been used for IM previously
D. the nurse should be sure the child can be held still during the injection

60. When giving oral medications to a child, the nurse or parent should tell the child,:

A. "Here is some delicious tasting candy."
B. "I know you won't like this, but the doctor says you have to take it."
C. "If you will take some of your medicine, I will take some too."
D. "Here is your medicine." The doctor says it will help to make you well."

61. A child weighs eight pounds at birth. At six months daily diet should include:

A. 400 calories, 16 ounces of fluid, and 16 grams of protein
B. 800 calories, 45 ounces of fluid, and 30 grams of protein
C. 1000 calories, 40 ounces of fluid, and 30 grams of protein
D. 800 calories, 32 ounces of fluid, and 32 grams of protein

62. Immunization may be postponed during:

A. epidemics
B. summertime
C. illness
D. infancy

63. Your neighbors are upset because their six week old baby does not eat as much as their first child did at this age. A fact most helpful in responding to the parents would be:

A. a consistent, though small weight gain is a good indication of adequate nutrition
B. diets recommended by experts are available for children of all ages
C. all babies do not need a lot of food. She probably fed her first baby too much
D. the baby should be checked by a doctor to see what is wrong

64. You are visiting friends. Their baby is four months old and is in an infant seat with his/her bottle propped. From your understanding of the developmental process, you are aware that:

A. this saves time for the parents and is OK for the baby
B. the baby is missing out on the warmth and security of being held
C. these parents are not spoiling their infant
D. propping the bottle has many merits and may be better than holding the child

65. An infant vocalizes "ma-ma" or "da-da" at about:

A. four months
B. eight months
C. 10 months
D. 12 months

66. During the first six months, the infant usually gains:

A. one ounce per day
B. one pound per week
C. one pound per month
D. two pounds per month

67. Healthy infants normally take formula in the amounts of:

A. one to two ounces per pound
B. one and one-half to two ounces per pound
C. two and one-fourth to three ounces per pound
D. two and one-half to five ounces per pound

68. The schedule for introduction of semisolid foods depends on the infant and the physician. However, most infants are offered pabulum at:

A. three to four weeks
B. three to four months
C. six months
D. one year

69. The baby's progress on all fours with the trunk supported by the floor is called:

A. cruising
B. crawling
C. creeping
D. hitching

70. Most babies can hold their bottles at:

A. seven months
B. 10 months
C. 12 months
D. 15 months

71. Self-feeding is usually accomplished at:

A. 12 months
B. 15 months
C. 18 months
D. 24 months

72. The Moro reflex should be absent by about age:

A. one month
B. two months
C. three months
D. one year

73. Which of the following medications, used to help maintain an airway, is a cardiac stimulant and may cause an increased pulse rate?

A. Alevaire
B. Isuprel
C. Mucomyst
D. Ammonium chloride

74. Choanal atresia is:

A. congenital obstruction of the posterior nares
B. a condition where the septum is pushed to one side of the nose
C. a complication of a URI
D. treated with a humidifier and antibiotics

75. Allergic rhinitis (hay fever):

A. may be a forerunner of asthma
B. does not repond to antihistamines
C. is always caused by an allergy to hay
D. is associated with impetigo

76. The spread of an upper respiratory infection through the eustachian tubes will cause:

A. tonsillitis
B. laryngitis
C. an ear infection
D. pleurisy

77. Stuffiness in the nose during a cold is caused by:

A. rough breathing
B. swelling and congestion of the mucous membranes
C. inflammation of the sinuses
D. high temperature

78. One purpose of an expectorant cough medicine is to:

A. lower the cough reflex
B. stop the symptoms
C. reduce the swelling of the mucous membranes
D. liquify the bronchial mucus

79. The emesis of an infant with pyloric stenosis contains no bile because:

A. the obstruction is above the opening of the common bile duct
B. the liver doesn't secrete bile because its function is impaired
C. the obstruction at the cardiac sphincter prevents bile from flowing to the stomach
D. narrowing of the common bile duct prevents the normal flow of bile

80. A diagnosis of pyloric stenosis would be made if the infant has a history of:

A. projectile vomiting beginning abruptly, normal stools, and malnutrition
B. constant abdominal pain with crying, frequent liquid stools, and an olive-shaped mass
C. gradual increase in vomiting, finally becoming projectile in nature, constipation, and weight loss

81. Mike is four months old. His mother tells you "The doctor says Mike should eat solid food but he refuses it after he is breast-fed. What should I do?"

A. Force him to eat because he will lose weight and develop anemia if he continues to drink only milk
B. Give him only breast milk as long as he refuses solid food
C. Mix the food with some formula and give it through a large nipple
D. Offer a small amount of solid food before breast feeding when he is hungry

82. Eczema is a skin condition caused by:

A. bacterial invasion of the skin
B. excess oil gland secretions
C. inflammation around the sweat glands
D. allergies

83. At four months of age, Jane has the following abilities. Which is not normal for a child her age?

A. Enjoying sitting alone
B. Lifting her head and shoulders when lying on her abdomen and looking around
C. Attempting to roll over
D. Moving her arms rapidly at the sight of a toy

84. The task of assembling information and starting action regarding child abuse and neglect was undertaken in 1963 by the:

A. American Medical Association
B. American Academy of Pediatrics
C. Children's Bureau
D. National Institute of Health

85. Mr. Wise is concerned because Joe, at one month, sleeps so much of the day. The nurse should tell him that infants:

A. sleep all day and stay awake most of the night until they get on a regular schedule
B. should have only a brief nap during the day, even if they must be forced to stay awake
C. need at least 12 hours of sleep out of every 24
D. usually sleep about 20 hours out of every 24 during the first month of life

86. Ms. Wise recieved as a gift a bottle prop and she wants to use it during the day to prop the baby's bottle while she is too busy to stop and feed him. Bottle propping is:

A. considered dangerous because the infant may aspirate some of the formula while sucking or he may get air in his stomach
B. a safe and time-saving practice for busy parents
C. all right if the parents are sure the infant has a good cough reflex
D. better than holding the infant while he takes his formula because he can take the formula more slowly when the bottle is propped

87. Mr. Wise wants to cuddle and rock Joe but he is afraid Joe will become spoiled if he does this. Mr. Wise should be told:

A. all babies like to be held and it is best not to start this unless you intend to continue catering to their every wish
B. physical contact with a parent is a basic need of the infant. If rocking and cuddling are not carried to extreme, they are not harmful and are actually necessary to a child's sense of security
C. infants do not need physical contact with another human because they are not aware of their environment at this age
D. if he had other children he would know that parents have enough to do without stopping to pay attention to an infant

88. Ms. Wise asks the nurse when it would be safe to let Joe drink from a cup. Most infants can be weaned from bottle or breast to a cup at:

A. six weeks
B. six months
C. 10 months
D. two years

89. Most infants will smile when social contact is made with them by age:

A. four weeks
B. eight weeks
C. six weeks
D. 10 weeks

90. Sitting alone momentarily is usually accomplished by the age of:

A. two months
B. six months
C. one year
D. 18 months

91. Joe will enjoy feeding himself finger foods by the time he is seven months old. Ms. Wise should be advised to allow Joe to feed himself:

A. toast or crackers
B. raw vegetables
C. nuts
D. corn on the cob

92. The average height of a baby at 12 months is:

A. 25 inches
B. 27 inches
C. 30 inches
D. 34 inches

93. The first baby teeth to erupt usually are the:

A. upper central incisors
B. lower central incisors
C. upper lateral incisors
D. lower lateral incisors

94. By the age of one year, most children have:

A. four teeth
B. eight teeth
C. six teeth
D. 10 teeth

95. A full term infant will generally double his/her weight by:

A. five months
B. seven months
C. nine months
D. 11 months

96. The posterior fontanel is generally closed to palpation by:

A. eight weeks
B. four weeks
C. three months
D. four months

97. Drooling appears about the:

A. sixth week
B. fourth month
C. first month
D. second month

98. Jane will probably be able to play simple games as "bye-bye" and "pat-a-cake" at age:

A. eight months
B. 10 months
C. six months
D. 12 months

99. The diamond shaped anterior fontanel closes at about age:

A. two months
B. 12 to 18 months
C. 24 to 30 months
D. six to 10 months

100. Jane weighs six pounds at birth. By the time she is 12 months old, she should weigh about:

A. 21 pounds
B. eight pounds
C. 18 pounds
D. 26 pounds

101. Good finger-thumb opposition is present at age:

A. six months
B. eight months
C. 12 months
D. 18 months

102. Jane will probably start cruising around the furniture at age:

A. eight months
B. 12 months
C. 18 months
D. 10 months

103. The term development refers to changes in the:

A. size of the organism
B. function of the organism
C. physical characteristics of the organism
D. size and function of the organism

104. Intelligence tests in young infants are tests of:

A. social adaptability
B. the use of infant's toys
C. motor ability
D. adaptive behavior

105. The first and probably the most important component of the healthy personality that an infant develops is a:

A. sense of trust
B. feeling of acceptance
C. sense of belonging
D. feeling of physical satisfaction

106. A reflex in which the infant responds symetrically, throwing out arms and drawing up legs, in reaction to a sudden jarring of support is called the:

A. tonic neck reflex
B. rooting reflex
C. Moro reflex
D. protrusion reflex

107. Absense of the above reflex before age three months may indicate:

A. nothing; this is normal
B. brain damage
C. retardation
D. heart damage

108. The first dose of oral poliomyelitis vaccine may be given:

A. only after the infant is weaned
B. at two months of age
C. as soon as the infant is weaned
D. only when the infant is one year old

109. The percentage of body weight which is water in the child is:

A. 40%
B. 50%
C. 60%
D. 70%

110. Pertussis is the medical name for:

A. lockjaw
B. tuberculosis
C. infantile paralysis
D. whooping cough

111. One outstanding symptom of the sick newborn is:

A. fever
B. paleness
C. failure to feed well
D. sluggishenss

112. The type of accidental poisoning from which more children die, and which manifests itself by fever, hyperpnea, bleeding, and delirium is caused by ingestion of:

A. petroleum distillates
B. lye
C. salicylates
D. lead

113. The immediate treatment of ingestion of corrosive chemicals such as lye is:

A. to administer diluted vinegar or lemon juice
B. to induce vomiting
C. to administer mineral oil
D. gastric lavage

114. Infants should not be given nose drops with an oil base because the drops may:

A. clog the air passages
B. cause gastrointestinal upsets
C. be aspirated and cause lipoid pneumonia
D. irritate the mucous membranes of the respiratory tract

115. The doctor orders 3 tsps of rice cereal per oz of formula to thicken the formula. If an infant is to recieve 3 oz of formula per feeding, the nurse will add:

A. 9 cm^3
B. 15 cm^3
C. 45 cm^3
D. 60 cm^3

116. The doctor orders elixir phenobarbital 30 mg for convulsions. The stock supply bottle label states 4 cm^3 or ¼ gr. The nurse will give:

A. 2 cm^3
B. 4 cm^3
C. 6 cm^3
D. 8 cm^3

117. Upper respiratory infections are more serious in infants than in adults chiefly because:

A. infants have no immunity to diseases
B. most infants cannot be given antibiotics
C. the air passages of an infant are very small and easily obstructed
D. infants have a poor resistance to infections due to nutritional problems

118. Infants become dehydrated easily due to the:

A. inability of the kidneys to reabsorb fluid well
B. immaturity of the gastrointestinal system
C. inability of the stomach to hold more than 2 oz at one feeding
D. tendency of infants to regurgitate frequently

119. Mummy restraints for infants may be used whenever it is necessary to perform certain procedures or treatments. In this type of restraint:

A. the infant's arms are wrapped in gauze and tied to the side of the crib
B. the infant is wrapped in a folded sheet or blanket with its arms held immobilized against its body
C. tongue blades are taped to its arms to prevent bending at the elbows
D. the infant's arms are taped to its body

120. When an infant is restrained for administration of fluid therapy, the nurse must be sure to:

A. immobilize the infant in one position until the fluids are discontinued
B. change the infant's position often and passively exercise the infant's limbs
C. remind the infant's parents they must not allow the infant to change position because the needle may become dislodged
D. avoid changing the infant's gown or bed linen until the fluids are discontinued

121. Intravenous therapy in an infant is usually administered through:

A. the femoral
B. a large vein in the arm
C. a scalp vein
D. an abdominal vein

122. The signs of dehydration are:

A. bulging fontanels, rapid pulse, and poor skin turgor
B. sunken fontanls, slow pulse, and decreased urine output
C. decreased urine output, bulging fontanels, and rapid pulse
D. decreased urine output, sunken fontanels, and poor skin turgor

123. When a nurse observes a newborn with jaundiced skin at the age of two days, she/he should:

A. accept this as physiological jaundice and make a note on the chart
B. ask the mother if she is Rh negative
C. alert the physician as soon as possible
D. place the baby under an ultraviolet light

124. Which of the following symptoms should the nurse associate with Rh incompatibility in the newborn?

A. Pallor
B. Cyanosis
C. Icterus
D. Monogolian spots

125. Convulsions usually point to the central nervous system, but they may be due to:

A. high fever
B. bacteria
C. pneumonia
D. congenital heart disease

126. The mouth of an infant who develops thrush appears to contains:

A. white patches which resemble milk curds
B. tiny blisters
C. dark red patches
D. small lesions with purulent exudate

127. An infant one week old, is brought into the hospital with a diagnosis of possible cerebral hemorrhage. Some of the symptoms the nurse should observe for are:

A. depressed fontanels, absence of Moro reflex, and projectile vomiting
B. bulging fontanels, presence of Moro reflex, and poor sucking reflex
C. bulging fontanels, poor sucking reflex, and projectile vomiting
D. depressed fontanels, increased appetite, and high shrill cry

128. The underlying cause of PKU is:

A. the faulty metabolism of phenylalanine, an amino acid
B. excess ketone bodies in the urine
C. the faulty metabolism of trypsin
D. a chromosomal defect

129. Down's Syndrome is a congenital chromosomal defect of which the most common cause is:

A. unknown, because it is a congenital defect
B. translocation of the chromosomes
C. trisomy of the 21st chromosome
D. nondysjunction of the chromosome

130. Which of the following appliances is often used for infants one year of age with club feet?

A. Posterior plaster molds
B. Denis-Browne splint
C. Light, short leg braces
D. Corrective shoes with built up inner or outer borders

131. Casts may also be applied for correction of club feet. Why does the doctor order that the legs be elevated following application of the cast?

A. To make the child more comfortable
B. To allow for more thorough drying of the casts
C. To prevent swelling of the foot and leg and to cause constriction of circulation
D. To reduce pain

132. Which of the following symptoms would most clearly indicate to the nurse that a newborn might have a congenital hip dislocation?

A. Shallow and oblique acetabulum
B. Limitation in abduction of the leg on the affected side
C. Delayed appearance of ossification centers
D. Prominence of soft tissue of gluteal folds

133. Of the congenital heart anomalies which cause cyanosis, the most common is:

A. patent ductus arteriosus
B. tetrology of Fallot
C. atrial septal defect
D. coarctation of the aorta

134. Which of the following symptoms should be a warning that atresia of the esophagus may be present?

A. Abdominal distension
B. Excessive amounts of saliva
C. Cyanosis
D. Excessive coughing

135. The infant born with no external opening of the anal canal is said to have:

A. atresia of the anus
B. imperforate anus
C. stricture of the anus
D. stenosis of the anus

136. Complete exotrophy of the bladder consists of exposure of the:

A. anterior bladder wall
B. posterior bladder wall
C. entire lower urinary tract which may be without ventral covering
D. entire urinary tract, including the kidneys and ureters

137. A child born with an incomplete closure of the upper lip has:

A. cleft lip
B. hydrocephalus
C. cleft palate
D. hare cleft

138. Surgical closure of a cleft lip will probably be done:

A. at the age of five years
B. after the child becomes aware of the deformity
C. within the first few months of life
D. at 18 months to prevent speech defects

139. The immediate postoperative nursing responsibility for a child with a cleft lip is to:

A. restrain the hands and feet
B. keep the suture line clean
C. maintain an open airway
D. keep the baby warm

140. It is also important immediately after cleft lip surgery to prevent injury to the operative site. This is best accomplished by:

A. keeping the infant heavily sedated
B. keeping the infant lying on its abdomen with its head turned to the side
C. restraining the infant's arms and refraining from placing her/him on his/her abdomen
D. giving the infant a pacifier to discourage putting fingers into its mouth

141. A cleft palate which involves the roof of the mouth causes feeding problems and:

A. deafness
B. speech defects which require therapy
C. mental retardation
D. paralysis of the throat

142. The most severe type of cleft palate involves:

A. the unilateral palate
B. the soft palate
C. a slight notch in the uvula
D. the soft and hard palate

143. After cleft palate surgery, the infant will be fed by:

A. gavage
B. IV fluids
C. rubber tipped aseptic syringe
D. premature nipple

144. The term used to describe an increased accumulation of cerebrospinal fluid within the ventricles of the brain is:

A. menocephalus
B. microcephalus
C. hydrocephalus
D. hypercephalus

145. Diagnosis of hydrocephalus is usually made by:

A. a high pitched cry
B. failure of the posterior fontanel to close
C. projectile vomiting and convulsions
D. repeated observations of increased head size and late growth

146. The postoperative care of a child who has a ventriculoatrial shunt implanted is based:

A. on observation for indications of increased intracranial pressure
B. on administration of intravenous fluids and keeping strict I and O
C. elevation of the head to facilitate drainage
D. on keeping the child happy so she/he will not cry

147. After the ventriculoatrial shunt, the anterior fontanel should be:

A. closed
B. open and full
C. depressed
D. tense

148. A congenital defect of the spine through which the meninges protrude and are encased in a soft sac is called:

A. occult spina bifida
B. meningocele
C. meningomyelocele
D. hydrocephalus

149. Surgical correction of a meningomyelocele is extremely difficult and is accomplished only with a high mortality rate primarily because:

A. the spinal cord is involved
B. this condition occurs only in premature infants
C. the brain tissues are severely damaged
D. the brain tissues protrude into the defect

150. The preoperative care of an infant with a meningomyelocele is:

A. keeping the baby on its abdomen
B. normal infant care with attention to prevention of injury to and infection of the sac
C. leaving the baby in the crib at all times because any handling could cause injury to the sac
D. keeping the genitals and buttocks scrupulously clean

151. The objecives of surgery for a meningomyelocele are to:

A. prevent injury to the spinal cord and thus, loss of bowel and bladder control
B. prevent complications such as infection of the sac, meningitis, and thus, paralysis of the lower limbs
C. remove the deformity and preserve and develop any orthopedic and urologic function that may be present
D. remove the deformity because there is not spinal cord involvement

152. Small white dots on the face of an infant due to clogged sweat glands are called:

A. mongolian spots
B. milia
C. toxic exythema
D. thrush

153. The end products of protein digestion are:

A. carbon dioxide and water
B. amino acids
C. fatty acids
D. salts and minerals

154. The child's primary source of heat and energy is:

A. proteins
B. fats
C. carbohydrates
D. water

155. The most important foodstuff used in building and maintaining tissues is:

A. carbohydrates
B. protein
C. water
D. vitamin C

156. The main reason carbohydrates and fats must be included in the diet is to:

A. furnish heat
B. furnish energy
C. build tissues
D. spare protein for tissue growth and repair

157. In caring for an infant, the nurse might suspect that the child is in pain if it:

A. rolls from back to side
B. sucks vigorously
C. appears pale
D. rolls its head from side to side

158. If development of muscle control proceeds from head to foot and from near to far, which of these actions would be last for the child to control?

A. Finger movement
B. Hand grasp
C. Shoulder rotation
D. Elbow bend

159. Which minerals and vitamins are necessary for proper dentition and bone ossification?

A. Iron and vitamin C
B. Calcium, phosphorus, and vitamin D
C. Potassium and chlorine
D. Proteins and carbohydrates

160. Which of the following principles of pediatric nutrition differs from adult nutritional principles?

A. Diet should meet nutritional needs of the person
B. Eating should not be associated with negative experiences such as stress, pressure, anxiety, and pain
C. Energy intake should approximate energy output
D. Foods should be of proper consistency for physical development

161. Which nutritional concepts are directly important when considering dental health:

A. Decreasing fat intake to help reduce incidence of acne
B. Decreasing concentrated carbohydrates to reduce medium for cavity producing bacteria to multiply
C. Decreasing empty calories and increasing proteins, fruits, and vegetables

162. After learning to lift its head, the infant learns to sit upright. This type of motor development is described as:

A. proximodistal
B. prehension
C. conditioned response
D. cephalocaudal

163. Of the following, which developmental traits appears first?

A. Smiling
B. Walking
C. Teeth erupting
D. Crawling

164. Of the following, which developmental trait is the first to develop?

A. Sitting alone
B. Posterior fontanel closing
C. Pulling self to standing position
D. Walking

165. Of the following, which developmental trais is the first to develop?

A. Sitting alone
B. Pushing head and shoulders up from prone position
C. Showing fear of strangers
D. Turning over

166. Of the following, which developmental traits is the first to develop?

A. Anterior fontanel closing
B. Walking
C. Teeth appearing
D. Bowel control

167. The foundation on which all positive relationships are built is:

A. security
B. comfort
C. fear
D. love

168. The nursing measure which would most likely protect the heart of an anemia patient is:

A. rest
B. exercise
C. antibiotics
D. isolation

169. The small child is more likely to develop anemia if which of the following is lacking in his/her diet?

A. Vitamin C
B. Carbohydrates
C. Iron
D. Fluids

170. The most important factor in preparation of a child for hospitalization is the:

A. nurse's attitude during admission
B. preparation of the parents
C. child's understanding of the hospital
D. physician's attitude before hospitalization

171. Prompt treatment of tonsillitis is important because delay could result in:

A. nephritis or rheumatic fever
B. appendicitis
C. pneumonia or colitis
D. heart murmur or liver disease

172. Which of the following is the best food source for iron?

A. Lean meat
B. Light colored vegetables
C. Citrus fruit
D. Refined cereals

173. Which of the following statements is not true about the sudden death syndrome?

A. The child is apparently well
B. The child is usually under six months of age
C. Death occurs between midnight and morning
D. The child is usually overweight at birth

174. The Denver Developmental Screening Test was devised to be a test of:

A. intelligence
B. emotional maturity
C. social, manipulative, language, and motor skills
D. vocational aptitude

175. Ointments for patients with skin disorders such as eczema should be:

A. applied sparingly
B. put on thickly for faster healing
C. applied with the nurse's bare hand
D. heated before application

176. About 50% of all infants have a mild seborrhea of the scalp called:

A. ageoedema
B. miliaria
C. intertrigo
D. cradle cap

177. A myringotomy may be performed to relieve pressure and prevent rupture of the:

A. typanic membrane
B. auricle
C. ossicles
D. mastoid

178. The usual age for eruption of deciduous teeth to begin is:

A. 3-4 months
B. 16-18 months
C. 6-7 years
D. 7-8 years

179. Small amounts of feeding may be given out of a cup at age:

A. one month
B. two months
C. three to four months
D. six months

ANSWER SHEET
INFANT

1. A
2. B
3. C
4. B
5. A
6. C
7. A
8. D
9. D
10. B
11. B
12. A
13. C
14. B
15. C
16. C
17. C
18. B
19. A
20. B
21. C
22. B
23. A
24. B
25. B
26. C
27. A
28. D
29. B
30. B
31. C
32. A
33. D
34. C
35. C
36. D
37. B
38. C
39. C
40. A
41. C
42. C
43. D
44. B
45. A
46. B
47. B
48. D
49. C
50. D
51. D
52. B
53. C
54. C
55. A
56. D
57. B
58. A
59. D
60. D
61. D
62. C
63. A
64. B
65. C
66. C
67. C
68. A
69. B
70. A
71. C
72. C
73. B
74. A
75. A
76. C
77. B
78. D
79. A
80. C
81. D
82. D
83. A
84. C
85. D
86. A
87. B
88. C
89. B
90. B
91. A
92. C
93. B
94. C
95. A
96. A
97. B
98. B
99. B
100. C
101. C
102. D
103. B
104. C
105. A
106. C
107. B
108. B
109. D
110. D
111. C
112. C
113. A
114. C
115. C
116. D
117. C
118. A
119. B
120. B
121. C
122. D
123. C
124. C
125. A
126. A
127. C
128. A
129. C
130. B
131. C
132. B
133. B
134. B
135. B
136. C
137. A
138. C
139. C
140. C
141. B
142. D
143. C
144. C
145. D
146. A
147. C
148. B
149. A
150. B
151. C
152. B
153. B
154. C
155. B
156. D
157. D
158. A
159. B
160. B
161. C
162. D
163. A
164. B
165. B
166. C
167. D
168. A
169. C
170. B
171. A
172. A
173. D
174. C
175. A
176. D
177. A
178. A
179. C

TODDLER

SECTION D
NURSING OF CHILDREN
UNIT IV AND V
TODDLER

1. Separation anxiety, eating jags, and exploration characterizes:

   A. toddlers
   B. preschool children
   C. school-age children
   D. adolescents

2. Drugs which are effective against pinworms or other intestinal parasites are called:

   A. emetics
   B. antiemetics
   C. ipecac
   D. anthelmentics

3. A toddler:

   A. understands deferred gratification
   B. plays many structured games
   C. is concerned about principles to help guide her/his life
   D. lives in the present and does not understand the concepts of yesterday and tommorrow

4. The leading cause of death in children is:

   A. congenital defects
   B. malignancy
   C. infections
   D. accidents

5. All deciduous teeth have usually erupted by age:

   A. 12 months
   B. 18 months
   C. 24 months
   D. 30 months

6. Which of the following best describes cerebral palsy?

   A. Cerebral palsy may result in mental retardation
   B. Cerebral palsy affects motor functioning
   C. Cerebral palsy may not occur until adulthood
   D. Cerebral palsy may occur shortly after birth

7. The Oedipal stage describes:

A. infantile autism
B. a child's attraction to the parent of the opposite sex
C. a type of parallel play
D. a complex social and economic conflict most often confronted during adolescence

8. At the "terrible twos" stage of development, a child may exercise the sense of:

A. identity
B. intimacy
C. autonomy
D. industry

9. The greatest demand made on the toddler is in the area of:

A. learning to talk
B. learning to walk
C. toilet training
D. conforming to social norms

10. The cause of nephrosis in children is:

A. previous kidney infections
B. respiratory infections
C. degeneration of renal tubules
D. unknown

11. During toilet training, the mother should not:

A. begin when the child shows an awareness of the process of elimination
B. expect some play with the products of elimination
C. praise the child's successes
D. shame the child for accidents

12. The toddler's appearance can be said to be:

A. adult-like
B. graceful
C. potbellied
D. thin

13. Dawdling, ritualism, and temper tantrums are common occurences during the:

A. toddler period
B. preschool period
C. school-age period
D. adolescence

14. Increasing public awareness of the need to report incidences of child abuse is indicated by all of the following except that:

A. all 50 states have laws that provide legal immunity to the reporting person
B. legal charges are filed against the accused adults
C. the child, when physically able, is placed in a foster home by a public agency
D. no legal charges can be filed against the accused adults

15. At what age does the average infant usually walk alone?

A. Seven months
B. Nine months
C. 11 months
D. 12 to 18 months

16. Toddlers usually establish ritualistic behavior patterns in order to:

A. establish learning behavior patterns
B. feel secure among the changes and inconsistencies of their world
C. manipulate and control adults in their environment
D. reestablish their sense of identity

17. Toddlers can be expected to do all of the following except:

A. achieving bladder control by age two
B. self-feeding
C. having a short attention span
D. smearing feces during bowel training

18. The casted child should have a liberal fluid intake and a diet rich in:

A. vitamin E
B. proteins and minerals
C. carbohydrates
D. iodine

19. Jenny has been in the hospital many times with nephrosis, but in spite of all treatment, her condition has steadily worsened. In her current illness, she is restless and irritable, and no one can please her. She constantly asks for things, only to turn away and cry when they are brought to her. The nurse decides that:

A. Jenny has been spoiled rotten at home
B. if Jenny has not been disciplined at home it should be done now
C. what Jenny is really saying is, "Why can't you take away this pain and make me feel better?"
D. Jenny does not like the nurses

20. The nurse would expect a child of 18 to 24 months to do which of the following?

A. Self-feeding without supervision
B. Self-dressing
C. Walking alone, climbing up stairs, and backing down stairs
D. Controlling bowels and bladder

21. To help the child of 18 to 24 months to understand acceptable behavior, adults should follow which of the following suggestions?

A. Allow the children to behave as they choose because they are too young to understand
B. Be consistent in what you expect of children because fluctuation in discipline confuses them
C. Relax discipline when other people are present because children are easily embarrassed but be strict when you are alone with them
D. Enforce the strictest discipline in the presence of others to impress them because children want others to accept them

22. Croup is characterized by:

A. an infection of the pharynx
B. spasms of the larynx with partial obstruction of the respiratory tract
C. contractions of the trachea which can be fatal if a tracheotomy is not performed immediately
D. an inflammation of the lung tissue and severe cyanosis

23. The cough of a child with croup is best described as:

A. deep and moist
B. nasal in quality and productive of rusty sputum
C. extremely painful and nonproductive
D. "crowing" with a high-pitched, rasping noise each time a breath is taken

24. Attacks of croup occur most often:

A. at night and in children who are hyperactive and nervous
B. after meals and in mentally disturbed children
C. during the day when the child is active and excited
D. at night and in children who are quiet and well adjusted

25. Emetics are sometimes used to reduce laryngeal spasms in croup. These drugs are given primarily to:

A. dry up bronchial secretions
B. produce sleep
C. induce vomiting
D. thin the bronchial secretions and dilate the bronchi

26. All of the following are recommended practices in dealing with the two-year-old except:

A. planning and carrying out a rigid bedtime hour
B. encouraging the child toward as much self-help as possible
C. stimulating the child to talk by conversing with him/her
D. answering questions truthfully in terms of the child's level of understanding

27. Cystic fibrosis is:

A. an acquired disease
B. an inherited disease
C. caused by birth trauma
D. a communicable disease

28. A baby with cystic fibrosis might:

A. need a tracheotomy
B. vomit frequently during the first year of life
C. have a high-pitched cry
D. taste salty

29. A dreaded complication of cystic fibrosis is:

A. congestive heart failure
B. encephalitis
C. nephritis
D. hepatitis

30. The specific test for cystic fibrosis is:

A. a CBC
B. a pneumoencephalogram
C. iontophoresis
D. macroelectrolysis

31. A complication of children's upper respiratory tract infections which the nurse can help to prevent is:

A. eye infections
B. contractures
C. urinary retention
D. diarrhea

32. Croup is an acute infection of the:

A. pharynx
B. trachea
C. esophagus
D. larynx

33. If a child with croup were placed in a mist tent, the purpose of the elevated humidity would be to do all of the following except to:

A. keep the child inactive and quiet while sick
B. liquify secretions of the throat and chest
C. reduce temperature
D. reduce spasm of the larynx

34. When caring for a child who has laryngotracheobronchitis, the nurse needs to observe the child carefully in order to help the doctor decide if the child needs:

A. a transfusion
B. an antibiotic
C. a tracheotomy
D. complete bedrest

35. Some aspiration of foreign bodies could possibly be prevented by:

A. avoiding use of peanuts, popcorn, and coconut in a toddler's diet
B. keeping the toddler on strained foods
C. keeping cupboard doors locked
D. giving prophalactic antibiotics

36. If a parent calls to say that her/his small child has just pushed a small button into his/her nose, acceptable advice for the nurse to give would be:

A. wait to see if any symptoms develop
B. try to remove it with a pair of tweezers
C. press on the unobstructed nostril and have the child blow through the other nostril
D. watch the child more carefully in the future

37. Cystic fibrosis affects the:

A. kidneys and liver
B. colon and stomach
C. lungs and kidneys
D. lungs and pancreas

38. Medications which the nurse might administer while caring for a child with a URI are:

A. steroids, antibiotics, and antihistamines
B. antidiuretics, antiemetics, and antispasmodics
C. nose drops, analgesics, and diuretics
D. antibiotics, antihelmintics, and sedatives

39. Deaths related to cystic fibrosis usually result from:

A. overexertion
B. lack of vitamins
C. lung involvement
D. liver involvement

40. A toddler eats better:

A. when served a large variety of food
B. after being very active before meals
C. when sitting in a "big people's" chair
D. when allowed to feed herself/himself as much as possible

41. It is unrealistic to expect an 18 month old child to:

A. eat table food
B. recognize members of the family
C. play effectively with other children
D. be able to walk alone well

42. A child should be able to walk alone at:

A. seven months
B. nine months
C. two years
D. 12 to 15 months

43. Which of the following toys would be safest and have appeal for an 18-month-old?

A. Tricycle
B. Playdough
C. Wooden blocks
D. Marbles

44. If a child swallows a small toy charm from a nickel machine, which of the following should the nurse not do?

A. Give the child a regular diet and fluids as desired
B. Watch for abdominal distention
C. Give a laxative and/or an enema to help the child pass it
D. Observe the child's respiration for a while

45. If suspected of drinking a caustic poison, a child should be taken to the emergency room immediately. One thing which can be done safely while the child is still at home is to:

A. make the child vomit
B. punish the child for getting into the cabinet
C. give the child liquids to drink
D. clean the child's face and teeth

46. If parent knows a child has eaten diet pills, the nurse should:

A. induce vomiting immediately
B. find out how many pills the child took
C. withhold fluids
D. reprimand the parent for letting the child get into the pills

47. A child should have all deciduous teeth at which of the following ages?

A. 1 year
B. 2½ years
C. 4 years
D. 6 years

48. How many deciduous teeth are there?

A. 32
B. 6
C. 20
D. 28

49. If a child is not allowed to dress herself/himself when interested and able to do it, which of the following basic needs will be threatened?

A. Health
B. Security
C. Satisfaction
D. All of the above

50. Separation of the child from his/her parents carries the greatest possibility of emotional trauma during:

A. infancy
B. the toddler and preschool period
C. the school-age period
D. adolescence

51. During the first phase of the "settling in" process, children often:

A. cry
B. smile and laugh
C. show great interest in their surroundings
D. withdraw

52. Parents of abused and battered children typically:

A. are independent, resourceful individuals
B. are immature and ready to accept parenthood
C. were often rejected and battered in their childhood
D. improve their child-rearing practices after legal prosecution

53. The nurse should report any suspicion of child abuse to the:

A. physician or immediate supervisor
B. parents involved
C. child protection services
D. police

54. The best time to tell a child about an unpleasant procedure is:

A. during the procedure
B. the day before the procedure
C. just before the procedure
D. before coming to the hospital

55. Hand-to-mouth feeding begins when the:

A. protrusion reflex disappears
B. child is ready neuromuscularly
C. child is permitted
D. child is seven months old

56. The nurses most important responsibility with a patient in Bryant's traction is to be certain that the:

A. patient's hips are resting on the bed with the legs suspended at right angles to the bed
B. patient's hips are slightly elevated from bed with the legs suspended at right angles to bed
C. patient's hips are elevated above body level with the legs suspended almost parallel to the bed
D. hips and legs flat on bed with pull of traction coming from foot of bed

57. A child with respiratory distress must have a tracheotomy performed. After the procedure is performed, the child tears off the elbow restraints and pulls out the tracheostomy tube. The child is cyanotic and respiration has apparently ceased. The nurse should:

A. ask another nurse to call the doctor, hold open the incision, and give artificial respiration
B. immediately call the doctor, hold open the incision with a hemostat, and give mouth to mouth resusitation
C. insert another tracheostomy tube immediately, ask another nurse to call the doctor, give O_2 through a nasal catheter, and give artificial respiration
D. insert another tracheostomy tube into trachea, aspirate the trachea, ask another nurse to call the doctor, and give O_2 through a nasal catheter

58. A croupette is used in the treatment of croup because cool moist air:

A. causes dilatation of blood vessels in bronchi so congestion is relieved
B. increases the cough reflex so mucus is expectorated more easily
C. coagulates mucus so dyspnea is relieved
D. relieves dryness of secretions making them easier to cough up

59. An upper respiratory infection is more serious in the toddler than adult chiefly because:

A. a toddler has no ability to build up immunity to disease
B. most toddlers cannot be given antibiotics
C. the air passages of a toddler are very small and easily obstructed with mucus
D. toddlers cannot be given a balanced diet and therefore have lower resistance

60. The nurse is bathing a two-year-old. The child tells the nurse, "Mommy does it this way." This comment indicates that:

A. the child does not like the way the nurse does it
B. rituals and routine of home are important to the child
C. Mother gives a better bath
D. the child hates the nurse

61. A two and one-half year old patient becomes quite upset when her/his mother says she must go home. Based on your knowledge of growth and development, you should suggest that the mother:

A. omit visits for a few days until the child adjusts to the new hospital situation
B. visit only when the child sleeps so she won't distrub the child
C. visit as often and as long as possible
D. discipline the child because crying makes the condition worse

62. The toddler prefers to play:

A. alone, shares toys, and makes friends quickly with strangers
B. with other children, usually shares toys, and makes friends with strangers
C. alone, refuses to share toys, and is shy with strangers
D. with other children, refuses to share toys, and is shy with strangers

63. The toddler needs to have basic emotional needs met to help in personality development. In the toddler period, the child should have:

A. unlimited opportunity to do what he/she wants and as much independence as she/he wants
B. recognition as a small child and protection from harm through rigid obedience to parent's rules
C. realistic limits set on behavior by his/her parents and increasing independence as she/he is ready for it
D. recognition as a miniature adult who is able to set limits on his/her own behavior

64. Ms. Wood is concerned because her 15 month old child's appetitie is poor compared with what it was in infancy. The child appears healthy and active. In discussing the child's apparent anorexia with the mother, the nurse should base comments on the fact that:

A. since growth is slower during the toddler period than infancy, the child shouldn't be expected to eat as much
B. the anorexia is due to the child not taking vitamins
C. the child should see a doctor
D. the mother should be more firm in urging the child to eat

65. The accident rate in toddlers is high because:

A. they are negativistic and refuse to listen to their parents
B. their natural curiosity and activities lead them to danger
C. they are neglected by their parents
D. they do not understand their parent's warning

66. Lipoid pneumonia may follow the aspiration of:

A. sputum
B. fruit juices
C. blood
D. oily nose drops

67. A pneumonia that should be isolated is:

A. staphylococcal
B. streptococcal
C. pneumococcal
D. viral

68. A child has a fracture of the right femur. The treatment used most often for this type of fracture in toddlers is:

A. Buck's extension traction
B. a Denis Browne splint
C. a Fredjka splint
D. a Bryant's traction

69. The child at two years has approximately:

A. 8 teeth
B. twelve teeth
C. sixteen teeth
D. twenty teeth

70. Roosevelt Jones, a two-year-old, is admitted to the pediatric unit with a diagnosis of chronic lead poisoning from eating paint chips. Roosevelt should be observed carefully by the nurse for:

A. hemorrhage from the rectum
B. convulsions
C. edema of the extremities
D. respiratory difficulty

71. The nurse finds a child in the bathroom splashing in the toilet water. The nurse should:

A. slap the child's hands and remove her/him from the room
B. explain that children should not play in such dirty water
C. give the child a basin of clean water to splash in
D. lock the bathroom door

72. During a nap, a toddler wets the bed. The nurse should:

A. change the child's clothes and bedding and make no issue of it
B. tell him that he will catch a cold if he lies in a wet bed
C. promise the child candy if he/she has no further accidents
D. explain that only babies wet their beds

73. A child has frequent temper tantrums during hospitalization. The best way to deal with them would be to:

A. punish the child by putting her/him back in the crib for the rest of the day
B. reason with the child
C. prevent the tantrums by pampering the child
D. protect the child during the tantrums and attempt to prevent them by helping the child meet necessary frustrations

74. After a tantrum the nurse should:

A. ignore the child for the rest of the day for being "bad"
B. make fun of the child in front of other children in the group
C. wash her/his face and hands and provide a toy for him/her
D. make the child apologize to the other children for her/his behavior

75. After a prolonged period of hospitalization, a toddler becomes a quiet, withdrawn child who evidently shows little interest in his/her mother when she visits. The nurse should realize that the child:

A. has accepted hospitalization well
B. has finally become disciplined
C. is experiencing the denial stage of separation anxiety
D. is becoming mentally disturbed due to the traumatic experience

76. Clothing for toddlers should be:

A. brightly colored with easy-to-manage buttons
B. dark colored to avoid showing dirt
C. bulky and warm to avoid chilling
D. inexpensive for greater variety in the wardrobe

77. Immediately after a toddler's mother leaves the hospital, he/she will probably:

A. sit quietly and suck her/his thumb
B. scream and try to climb out of bed
C. play with the toys in the crib
D. whimper and look around the room

78. The child's first visit to the dentist should occur:

A. by age two
B. before age three
C. when all deciduous teeth have erupted
D. before beginning school

79. The primary developmental task of the toddler seems to be:

A. bowel and bladder control
B. learning self-feeding
C. developing a conscience
D. learning to walk

80. The average 18-month-old can retain urine in the bladder for approximately:

A. one hour
B. two hours
C. three hours
D. four hours

81. Toddlers on the average will sleep:

A. twelve to fourteen hours a day
B. eight to ten hours a day
C. ten hours a day
D. sixteen to eighteen hours a day

82. The greatest single underlying cause of child abuse is probably:

A. the child's personality
B. teenage parents
C. the emotional immaturity of the parents
D. instability of the parent's marriage

83. Bowel training should be started:

A. after bladder training
B. before bladder training
C. with bladder training
D. after the child is four years old

84. The child begins to pretend she/he is a dog or cat at age:

A. two years
B. three years
C. 30 months
D. 18 months

85. Asking questions reaches a peak at the age of:

A. two years
B. three years
C. four years
D. five years

86. The child becomes more orderly and puts toys away at age:

A. two years
B. three years
C. four years
D. five years

87. Which of the following reactions to the birth of a new sibling would indicate that a preschool child might need professional help?

A. Angry attempts to physically hurt the new baby for the first few weeks
B. Hitting and yelling at his/her parents or other important adults
C. Making derogatory remarks about the new baby
D. Constant and persistent soiling and insistence of having a bottle

88. The child at four years of age:

A. is at a noisy and a stormy age
B. is a pleasant member of a group
C. goes up and down stairs holding the railing
D. cannot button her/his coat

89. The five year old child is:

A. beginning to take more responsibility for his/her actions
B. frustrated by obstacles in her/his environment
C. more rebellious
D. needs assistance getting dressed

90. At the preschool age, children should begin to:

A. withdraw from others and show a desire to be left alone
B. understand the meaning of friendship and enjoy the company of others their own age
C. revert to infantile behavior until they have adjusted to school
D. require extensive physical care such as bathing and dressing

91. Mothers should be told that preschool children:

A. are not old enough to learn safety rules and thus, require constant supervision
B. are not prone to accidental injury or death
C. rarely experience accidental injury
D. are capable of understanding simple rules which will prevent many accidents

92. One of the major fears of the preschool child is:

A. death
B. loss of peer-status
C. physical mutilation
D. loss of independence

93. A toddler who asks, "Where do babies come from?" should be:

A. given a complete description of the normal birth of a baby
B. told not to ask questions like that
C. told babies are bought at the hospital
D. told babies come from inside mother's body

94. A "strep" throat that is accompanied by a fine rash on the body and limbs is called:

A. measles
B. scarlet fever
C. roseola
D. glandular fever

95. A two year old child who has scarlet fever has a sudden elevation of temperature, is very restless, and refuses to lie with the left side of her/his head on the pillow. Which of the following complications should the nurse suspect that the child has developed?

A. Rhinitis
B. Parotitis
C. Otitis media
D. Abscess of cervical lymph nodes

96. The communicable disease that affects the parotid glands near the ear and jaw is called:

A. measles
B. mumps
C. glandular fever
D. infectious mononucleosis

97. Pediculosis capitis is infestation of the:

A. body louse
B. head louse
C. crab louse
D. head and body louse

98. Ringworm or tinea corporus is a:

A. fungus infection of the scalp
B. superficial fungus infection of the skin
C. fungus infection of the feet
D. viral infection of the skin

99. Usually epidemiologists recommend that children with chickenpox remain isolated:

A. until all crusts fall off
B. as long as the coryza lasts
C. until all blebs are crusted
D. as long as the lesions are present

100. Measles vaccine may be administered initially at:

A. six months
B. 12 months
C. four months
D. 18 months

101. Koplik's spots can be found in the early stages of:

A. rubeola
B. chicken pox
C. pertussis
D. German measles

102. Rubella, or German measles, typically:

A. causes pain on swallowing
B. includes among its signs Koplik's spots
C. may cause damage in a developing embryo or young fetus
D. exhibits vesicles

103. German measles is also referred to as:

A. scarlet fever
B. three-day measles
C. red measles
D. roseola

104. An important way to prevent scarring and secondary infection in a child with chicken pox is to:

A. give frequent starch baths
B. keep handling of the child to a minimum
C. apply calamine lotion often
D. keep the child's fingernails short

105. Bonny, a seven-month-old, is admitted with eczema. This is a skin condition caused by:

A. invasion by the streptococcus bacterium
B. excessive secretion of the sebaceous glands
C. inflammation around the sweat glands due to excessive heat
D. allergy to internal or external irritants

106. Even though Bonny has not yet received her smallpox vaccination, it will not be given until she is completely recovered because of the danger of developing:

A. acrodynia
B. aganglionic megacolon
C. generalized vaccinia
D. hypocalcemic tetany

107. Why is it important for the nurse to carry out gown and mask technique when caring for a child who has been severely burned?

A. To prevent cross-infection
B. To protect the uniform from silver nitrate stains
C. To prevent self-contamination when dressings are changed
D. To minimize nonverbal communication with the child

108. A third degree burn is one in which:

A. there is redness, pain, and swelling of the skin
B. only superficial skin layers are destroyed
C. epidermis and dermis are destroyed
D. there is considerable blistering and pain

109. The most important observation to be made in the first 48 hours after an extensive third degree burn is the:

A. color of the drainage
B. extent and degree of pain
C. amount of eschar formation
D. amount of urinary output

110. Danny is admitted with a fractured radius. The fracture is reduced and a cast applied. After a cast has been applied, the nurse would suspect circulatory impairment if Danny complained of:

A. stiffness of hand and forearm
B. itching of hand and forearm
C. numbness and tingling of fingers
D. sweating of the palms

111. Cast edges should be covered with stockinette or adhesive petals to:

A. minimize skin irritation from the plaster
B. keep the cast from crumbling
C. maintain cleanliness
D. waterproof the cast

112. A fracture in which one side of the bone is broken and the other bent is called a:

A. complete fracture
B. greenstick fracture
C. compound fracture
D. periosteal fracture

113. Betty is admitted to the hospital after receiving a blow to the head. Blood in the external auditory canal, epistaxis, or bleeding from the mouth may indicate:

A. cerebral concussion
B. brain tumor
C. skull fracture
D. extradermal hematoma

114. Which of the following is a highly malignant and rapidly developing brain tumor?

A. Ependymoma
B. Astrocytoma
C. Brain stem glioma
D. Medulloblastoma

115. Following a head injury, the nurse's most important responsibility is to:

A. keep the child quiet and in bed
B. observe the state for consciousness frequently
C. check the bladder for overdistension
D. take the temperature every half hour

116. Osteomyelitis is:

A. a superficial fungus of the skin
B. a deposition in the bone of bacteria from a primary source
C. damage to connective tissue
D. an infection of mucous membranes

117. The most common type of cerebral palsy is:

A. spastic
B. athetotic
C. ataxic
D. atonic

118. The term cerebral palsy describes:

A. a specific disease process
B. a special form of mental and physical retardation
C. difficulty in controlling voluntary muscles due to brain damage
D. verying degrees of mild to severe mental retardation

119. Scoliosis is an:

A. abnormal anteroposterior spinal curve
B. exaggerated lumbar curve
C. abnormal lateral spinal curve
D. exaggerated cervical curve

120. Epilepsy is:

A. a general term which includes a variety of recurrent seizures
B. grand mal seizures
C. petit mal seizures
D. a type of mental retardation

121. The principle concern of the nurse for a child who has a seizure is:

A. timing the convulsion
B. restraining the child to prevent injury
C. observing closely and trying to prevent accidental injury
D. recording unconsciousness

122. Adequate vitamin D intake is necessary for the prevention of:

A. scurvy
B. rickets
C. pellagra
D. beriberi

123. A significant manifestation of juvenile rheumatoid arthritis which is valuable in making a differential diagnosis is:

A. joint swelling and pain
B. fluctuating fever rising high in the evening and returning to normal by morning
C. spindle shaped fingers
D. ankylosis of the affected joints

124. When assisting a physician performing a lumbar puncture, the nurse should know that:

A. only one specimen of spinal fluid is obtained and the puncture site is at the level of the iliac crests
B. the child's back is arched to increase the size of the intervertebral spaces, but the child is allowed to move after the needle has been inserted
C. the child's back is arched and the puncture site is at the level of the iliac crests
D. three specimens are obtained from three different sites along the spine

125. The most common form of meningitis in children is that due to:

A. tuberculosis
B. hemophilus influenzae
C. pneumonoccus
D. staphylococcus

126. A symptom seen in encephalitis not usually seen in meningitis is:

A. headaches
B. convulsions
C. loss of muscle strength and speech and vision impairment
D. fever

127. A four-year-old, is admitted to the isolation unit with a diagnosis of meningococcal meningitis. The child will be in isolation:

A. until the spinal fluid shows no further growth
B. for 24 hours after the start of antibiotic therapy
C. as long as the meningococci are found in the nose and mouth
D. until she/he is completely recovered

128. A symptom not usually seen in types of meningitis is:

A. nuchal rigidity
B. petechiae
C. ear infection
D. opisthotonos

129. A complication of meninigitis may be:

A. subdural hematoma
B. microcephalus
C. carditis
D. hydrocephalus

130. When parents stay in the hospital with their children:

A. the nurse has very little to do for the child
B. the child is apt to become spoiled
C. the parents have an opportunity to "work off" guilt which they might feel if the child is hospitalized after an accident
D. there is a greater possibility of spreading infection

131. Play in the hospital:

A. should be limited to quiet games the children can play in bed
B. should be a responsibility of volunteers
C. is just as important or more important than physical care
D. is the time to collect an admission urine specimen

132. Parallel play is characteristic of the:

A. infant
B. toddler
C. preschool child
D. school-age child

133. The bone age of a child can best be determined by:

A. studying the shape of long bones
B. measuring the length of bones
C. x-ray examinations of certain joints
D. injecting content media

134. The major source of personality growth for children resides in the the maturity and harmony of their:

A. siblings
B. friends
C. mother and father
D. grandparents

135. To understand tha lab reports of patients with nephritis or nephrosis, the nurse should know that normal urine contains:

A. albumin
B. many casts
C. blood cells
D. straw-colored fluid

ANSWER SHEET
TODDLER

1. A
2. D
3. D
4. D
5. D
6. B
7. B
8. C
9. C
10. D
11. D
12. C
13. A
14. D
15. D
16. B
17. A
18. B
19. C
20. C
21. B
22. B
23. D
24. A
25. C
26. A
27. B
28. D
29. A
30. C
31. A
32. D
33. A
34. C
35. A
36. C
37. D
38. A
39. C
40. D
41. C
42. D
43. C
44. C
45. C
46. A
47. B
48. C
49. C
50. B
51. A
52. C
53. A
54. C
55. B
56. B
57. A
58. D
59. C
60. B
61. C
62. D
63. C
64. A
65. B
66. D
67. A
68. D
69. C
70. B
71. C
72. A
73. C
74. C
75. C
76. A
77. B
78. C
79. A
80. B
81. A
82. C
83. B
84. A
85. C
86. D
87. D
88. A
89. A
90. B
91. D
92. C
93. D
94. B
95. C
96. B
97. B
98. B
99. C
100. B
101. A
102. C
103. B
104. D
105. D
106. D
107. A
108. C
109. D
110. C
111. A
112. B
113. C
114. D
115. B
116. B
117. A
118. C
119. C
120. A
121. C
122. B
123. B
124. C
125. B
126. C
127. B
128. B
129. D
130. C
131. C
132. C
133. C
134. C
135. D

PRESCHOOL

SECTION D
NURSING OF CHILDREN
UNITS VI AND VII
PRESCHOOL

1. The nurse should be able to instruct the parents in some aspects of home care after a T and A. Which of the following statements is correct instructions?

   A. Provide a soft, bland diet
   B. Provide extra rest for several more days
   C. Call the doctor immediately if there is a temperature elevation above 100°F
   D. Call the doctor immediately if the child complains of an earache

2. The thing which would be most important to note after a T and A would be:

   A. frequent swallowing
   B. tarry stools
   C. earache
   D. pain on swallowing

3. The hematuria seen in glomerulonephritis is due to:

   A. cells escaping through the capillary walls of the glomeruli
   B. kidney tubule damage
   C. invasion of the glomeruli by streptococcal organisms
   D. sulfonamide crystal damage

4. In relationships with five-year-olds, the nurse can expect them to:

   A. be aware of the rights and the feelings of others
   B. be immodest about their toilet habits and undressing
   C. share with children of their own age
   D. go to sleep as soon as they are put to bed

5. The most common form of cancer in children is:

   A. leukemia
   B. sarcoma
   C. impetigo
   D. uremia

6. Which one of the following statements is true?

   A. An infant's temperature is the same as an adult's but its respirations are slower
   B. An adolescent's pulse and respirations are much faster than those of an adult
   C. The blood pressure of a child tends to be higher than that of an adult
   D. A small child's normal temperature is about the same as an adult's but its blood pressure is lower

7. In order to take blood pressure accurately, the:

   A. cuff needs to cover two-thirds of the upper arm
   B. cuff needs to cover one-fourth of the upper arm
   C. patient must be an adult
   D. patient should not have had any cold fluids for 15 minutes before measurement

8. The nurse can expect the three-year-old to:

   A. ask many questions
   B. resist helping mother
   C. button clothes and lace shoes
   D. present marked negativistic behavior

9. All of the following are acceptable ways of handling the emotional patterns of the three-year-old except:

   A. taking a child frightened by nightmares into its parents bed
   B. giving the child simple, reassuring answers to questions regarding differences between the sexes
   C. allowing the child to make decisions within the scope of his/her experience
   D. encouraging separations from parents from time to time

10. During the fourth year, provision should be make for all of the following except:

   A. discontinuance of the afternoon rest period
   B. gradual change in schedule to prepare the child for kindergarden
   C. occasional overnight separation from family
   D. widening experiences, such as visits to park, zoo, etc.

11. You will find that all the following statements describe the five-year-old except that the child:

   A. speaks clearly and in complete sentences
   B. can distinguish more reliably between reality and fantasy
   C. is able to organize quite complex group play
   D. has increased respect for authority and understands rules

12. When a preschooler asks questions about sexual functions, the best approach would be to:

   A. tell the child such questions are not proper
   B. tell the child you'll tell her/him later
   C. spank the child
   D. give a simple explanation in terms the child can understand

13. Teaching children safe behavior is basic to accident prevention. Which of the following statements illustrates a lack of understanding in teaching children safe behavior?

A. Allowing four-to five-year-olds to light large matches on the sidewalk
B. Saying, "That's hot; it will burn" when a child wants to touch a hot object
C. Allowing three-to five-year-olds to blow out matches under supervision
D. Yelling, "No, don't!" when a child reaches for something hot

14. A lively imagination, beginning interest in handicrafts, and beginning cooperation in group play characterizes:

A. toddlers
B. preschool children
C. school-age children
D. adolescents

15. The importance of play to a child can be best described by which of the following statements?

A. Play is second only to adequate rest in importance
B. A child's work is to play
C. The importance of play is often overrated
D. Play time should be limited since the adult world is mainly one of work

16. Which of the following correctly describes the stages of separation anxiety?

A. Rejection, anxiety, and denial
B. Protest, despair, and denial
C. Despair, protest, and withdrawl
D. Regression, hostility, and protest

17. In caring for a preschooler in the hospital, it is helpful to do all of the following except:

A. putting the child in diapers and in a crib at all times
B. explaining procedures in a simple manner before doing them
C. finding another child for the preschooler to play with
D. reminding the child to brush her/his teeth

18. An effective form of punishment which can be used in caring for hospitalized children is:

A. spanking
B. temporary isolation or limitation of activity
C. shaming
D. threatening

19. Which of the following statements best describes the usual development of speech?

A. Two-year-olds speak in sentences
B. Three-year-olds speak in sentences
C. Three-year-olds speak in words only
D. 18 month old children speak in sentences

20. A child becomes very modest about his/her body during which stage?

A. Infancy
B. Toddler stage
C. Preschool stage
D. Adolescence

21. When a preschool child continually hurts others, the child may be:

A. loved too much
B. too secure
C. jealous or frustrated
D. mature for age

22. Ambidextrous refers to:

A. uncoordinated eye movements
B. the ability to skip
C. small spidery veins located near the skin
D. the ability to use both hands

23. Unbroken skin and mucous membranes are types of:

A. specific immunity
B. passive acquired immunity
C. general immunity
D. active specific immunity

24. Stabismus may be corrected by:

A. surgery only
B. glasses, surgery, and frequent tonometer readings
C. nothing
D. surgery, glasses, and corrective exercise

25. Fever, enlarged lymph glands, malaise, sore throat, and eyelid edema are symptoms of which communicable disease?

A. Chicken pox
B. Rubella
C. Mononucleosis
D. Mumps

26. Which of the following communicable diseases have preventive vaccines available?

A. Mononucleosis
B. Rubella
C. Chicken pox
D. Rheumatic fever

27. Marian Taylor, age five, has repeated episodes of sore throat and tonsillitis. She has begun to lose weight and is less fully developed than other children of her age. She breathes through her mouth and snores in her sleep. Her pediatrician suggests removal of her tonsils and adenoids. The tonsils and adenoids are important in localizing infections primarily because they are:

A. located below the trachea
B. composed of lymphoid tissue
C. a part of the digestive system
D. not easily infected

28. Surgical removal of the tonsils and adenoids is indicated when:

A. an inflammation of these organs first develops
B. a child has a tendency to develop streptococcal infections of the throat
C. a child snores habitually when asleep
D. there are persistent and recurring episodes of inflammation in these organs

29. Marian's parents are told by the surgeon that their child will be scheduled for surgical removal of her tonsils and adenoids the following week. The Taylors should:

A. avoid talking about the surgery in Marian's presence because she will be frightened and uncooperative if she knows what is going to take place
B. tell Marian that she is going on a "trip" to the hospital, and it will be a very pleasant experience for her
C. prepare Marian for the ordeal by telling her that it will be very painful and unpleasant, but there is nothing else to do except get it over with
D. tell Marian about the proposed surgery the day before admission and emphasize the good points such as that she will feel much better and not have sore throats as often when her tonsils are removed

30. Marian will probably accept her hospitalization better if she is:

A. told that she will be given medicine to make her sleep so she won't know what is going on while she is there
B. allowed to help pack her own suitcase and choose the toys or books she wishes to take along
C. not told about the hospital visit until just before time to leave home
D. warned that she must cooperate with the doctors and nurses or they will have to give her shots to help her get well

31. Upon her admission to the hospital, Marian is visited by the laboratory technician who needs to obtain a sample of blood. Marian asks the nurse if the technician is going to hurt her. What would the best answer to the child's question be?

A. "Of course not. You won't feel a thing."
B. "I don't know. But even if she does, you must not complain."
C. "It will probably hurt a little bit, but we are doing this because we like you and want to take very good care of you while you are staying with us."
D. "Yes, it will hurt but we have to know your blood type because you may get very sick and need a blood transfusion after your tonsils are taken out."

32. If Marian asks what they are going to do with her blood sample after it is taken, it would be best to tell her,:

A. "The technician is going to take it to the laboratory and examine it carefully, so we will know exactly what we need to help you get well."
B. "I can't explain that to you because you are too little to understand."
C. "They are going to take it to the laboratory and do experiments on it."
D. "They will keep it in case something goes wrong while you are having your tonsils removed."

33. Before Marian goes to surgery, it is very important that the nurse keep an accurate record of the child's temperature and vital signs because:

A. any change in the vital signs would indicate the need for immediate surgery
B. an elevated temperature or change in vital signs may indicate an infection which would prohibit surgery until the infection subsides
C. hemorrhage before surgery is quite common in cases of chronic tonsillitis
D. the child may need intravenous fluids or a blood transfusion before surgery if the vital signs are not within normal range

34. Immediately after surgery, it would be best to place Marian:

A. in Fowler's position
B. on her back
C. on her abdomen
D. in lithotomy position

35. The most common complication in the postoperative period is:

A. loss of speech
B. hemorrhage
C. abdominal distention
D. loss of hearing

36. Which of the following may indicate bleeding from the operative site after Marian's surgery?

A. Elevated temperature
B. Flushed face and loss of consciousness
C. Tarry stool
D. Frequent swallowing and restlessness

37. Which of the following would be most beneficial in reducing swelling and discomfort in the operative site?

A. Frequent suctioning to remove blood and mucus
B. An ice collar
C. A hot water bottle to the neck
D. Frequent throat irrigation

38. When liquids by mouth are allowed, it would be best to give Marian:

A. lemonade
B. fresh orange juice
C. milk or synthetic fruit juices
D. hot tea or coffee

39. The evening of her operative day, Marian becomes restless and wants to get out of bed. It would be best for the nurse to:

A. allow Marian's mother to hold the child in her lap and rock her for a while
B. tell Marian to quit acting like a baby and that a big girl who is five years old should be ashamed to sit in her mother's lap
C. permit Marian to run about the halls so she will sleep better at night
D. restrain Marian to keep her from sitting up or getting out of bed

40. When Marian is discharged from the hospital, her mother is told to keep her on a bland diet. Ms. Taylor asks the nurse what a bland diet is. The nurse's best answer would be,:

A. "Nothing but liquids, such as fresh fruit juices are allowed."
B. "A diet that is soft, easy to swallow, and does not contain any spices or strong seasonings."
C. "One that contains absolutely no salt or pepper."
D. "It is very complicated and difficult to follow. If you have time, it would be best to try to find a dietitian who can explain it to you."

41. A child's attention span is likely to be longest during:

A. school activities
B. playtime activities
C. activities related to her/his own desires
D. activities carefully selected by his/her parents

42. The group that plays the most important role in establishing the child's attitudes and habits is the:

A. school
B. church
C. peers
D. family

43. Preschool children in the hospital will eat better if:

A. the nurse feeds them
B. they are given the foods they want
C. they eat with other children
D. medications are given before meals

44. Children feel secure when they:

A. are allowed to solve problems without help
B. learn about danger by trial and error
C. are shielded from competition
D. know what is expected of them

45. The goal of discipline is:

A. punishment
B. respect for adults
C. self-respect and control
D. reward

46. Erik Erikson's psychosocial challenge for the preschooler is:

A. trust vs. mistrust
B. self-esteem vs. shame and doubt
C. initiative vs. guilt
D. industry vs. inferiority

47. If the adult dose of a medication is gr x, the estimated dose for a five-year-old would be about:

A. 25 grains
B. 1.25 grains
C. 2.5 grains
D. 5 grains

48. After a tonsillectomy, the nurse would be most concerned if the child:

A. vomits red blood
B. is very restless
C. asks for fluids but refuses them when offered
D. complains of a sore throat

49. In order to insure success of a hypospadius repair, the nurse must know the doctor's orders concerning:

A. diet
B. dressing changes
C. irrigation of the catheter
D. ambulation or bedrest

50. After a hypospadius repair, it will be helpful to the doctor if the nurse will note:

A. patterns of voiding
B. ability to move about
C. edema
D. back pain

51. Orchiopexy is the type of surgery done to correct:

A. hypospadius
B. hydrocele
C. hernia
D. undescended testicles

52. Plastic surgery done in stages would be expected to correct the condition known as:

A. hypospadius
B. hydrocele
C. hernia
D. undescended testicles

53. Surgery and radiation therapy could be expected following a diagnosis of:

A. nephrosis
B. hydrocele
C. tumor of the kidney
D. undescended testicle

54. In caring for a patient who has had an orchiopexy, the practical nurse would expect to find:

A. pressure dressings
B. an order for daily dressing changes
C. a rubber band stretched from the suture line on the scrotum to the inner aspect of the thigh where it is taped
D. an order to apply heat to the scrotum

55. Tumors of the kidney are usually:

A. benign
B. malignant
C. detected early
D. the result of infection

56. The most important thing to remember in caring for a patient who has a Wilm's tumor is to:

A. observe the child for indications of pain
B. watch for hematuria
C. keep the child turned on the right side
D. refrain from palpating the abdomen

57. If a patient has a diagnosis of pyelonephritis, the nurse may expect to:

A. limit fluids
B. force fluids
C. encourage ambulation
D. administer steroids

58. Pyuria will most likely be a symptom in a patient who has a diagnosis of:

A. pyelonephritis
B. chronic glomerulonephritis
C. cryptorchidism
D. nephrosis

59. The nurse's notes for a child who has acute glomerulonephritis might describe the urine as:

A. smoky
B. straw-colored
C. foul-smelling
D. frequent

60. A streptococcal infection is often present several weeks before the onset of:

A. nephrosis
B. acute glomerulonephritis
C. nephrotic syndrome
D. Wilm's tumor

61. Complications of acute glomerulonephritis include:

A. uremia, congestive heart failure, and cerebral edema
B. uremia, congestive heart failure, and encephalitis
C. congestive heart failure, orchitis, and uremia
D. hypotension, gastroenteritis, and orchitis

62. Measurement of urine output in a patient with nephrosis or glomerulonephritis would likely indicate:

A. oliguria
B. polyuria
C. hematuria
D. enuria

63. The most characteristic symptom of nephrosis is:

A. smoky urine
B. edema
C. pain
D. streptococcal infection prior to onset

64. Periorbital edema is edema around the:

A. ankles
B. eyes
C. arms
D. abdomen

65. Pyelonephritis may often be seen in connection with:

A. cervicitis
B. cystitis
C. cystocele
D. chronic glomerulonephritis

66. Which of the following are seen primarily in children?

A. Nephrosis and nephrectomy
B. Pyelonephritis and chronic glomerulonephritis
C. Acute glomerulonephritis and nephrosis
D. Pyelonephritis and tumors of the kidney

67. If a total daily fluid intake of 700 cm^3 is ordered, it can be best portioned in which of the following ways?

A. Daytime-400 cm^3, evening-200 cm^3, and night-100 cm^3
B. Daytime-350 cm^3 and evening-350 cm^3
C. Daytime-235 cm^3, evening-235 cm^3, night-230 cm^3
D. Daytime-500 cm^3, evening-200 cm^3, and night-100 cm^3

68. Johnny is unconscious and the doctor tells the parents that the prognosis is very poor. The nurse could comfort the parents by saying,:

A. "After he dies, you should try to forget him and devote your lives to the rest of your family."
B. "I know you want to be alone. Call if you need me."
C. "Why do small children have to suffer? What did he do to deserve it?"
D. "All of us have done everything possible for your child. I learned to love him, too. I think I understand your feelings about your son to an extent."

69. The diet for children with acute glomerulonephritis is a:

A. salt free diet
B. diet for age with extra salt
C. diet for age with no salt
D. diet for age with restricted fluids

70. Respirations of a child with asthma may be described as:

A. expiratory wheezes
B. inspiratory grunts
C. crowing
D. rapid and labored

71. When the nurse cares for a child with leukemia, he/she should observe carefully for:

A. vomiting and diarrhea
B. tinnitus
C. cyanosis
D. hemorrhage

72. The mother of a leukemia patient says, "I can't satisfy my child any more. Evey time I touch her she cries." The nurse shows understanding in the situation by saying,:

A. "She is very uncomfortable now. Maybe you could help her most by holding her hand and reading to her."
B. "Maybe she misses her Dad."
C. "Perhaps you are just tired. Go get a cup of coffee."
D. "Maybe she would like a new toy."

73. The nurse gives a preschooler an IM injection. He says, "I hate you." The nurse should say,:

A. "I hate you too."
B. "You're a naughty boy."
C. "I'm sorry you hate me; I like you."
D. "Be good or your mother can't come to see you."

74. A four-year old is concerned that he is in the hospital on Christmas. He is concerned about Santa fitting in the chimney. His parents should:

A. insist there really is a Santa
B. tell him Santa won't come to see him if he asks questions
C. feel ashamed because they lied to him
D. tell him truthfully about the spirit of Christmas

75. If a fatally ill child insists a nurse tell her whether or not she is going to die, the nurse should say:

A. "We are all going to die sometime."
B. "Ask your doctor."
C. "It is true you have a serious illness, but no illness is hopeless."
D. "Of course not."

ANSWER SHEET
PRESCHOOL

1.	D	26.	B	51.	D
2.	A	27.	B	52.	A
3.	A	28.	D	53.	C
4.	A	29.	D	54.	C
5.	A	30.	B	55.	B
6.	D	31.	C	56.	D
7.	A	32.	A	57.	B
8.	A	33.	B	58.	A
9.	A	34.	C	59.	A
10.	A	35.	B	60.	B
11.	C	36.	D	61.	A
12.	D	37.	B	62.	A
13.	A	38.	C	63.	B
14.	B	39.	A	64.	B
15.	B	40.	B	65.	B
16.	B	41.	C	66.	B
17.	A	42.	D	67.	A
18.	B	43.	C	68.	D
19.	B	44.	D	69.	B
20.	C	45.	C	70.	A
21.	C	46.	C	71.	D
22.	D	47.	C	72.	A
23.	C	48.	A	73.	B
24.	D	49.	C	74.	D
25.	D	50.	A	75.	C

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SCHOOL. AGE

SECTION D
NURSING OF CHILDREN
UNITS VIII AND IX
SCHOOL-AGE

1. Praising a person for work performed correctly helps provide which basic need?

   A. Authority
   B. Independence
   C. Security
   D. Recognition

2. Symptoms of diabetes mellitus in the child include all of the following except:

   A. polydipsia
   B. polyuria
   C. irritability
   D. weight gain

3. Symptoms of diabetic coma in the child are:

   A. acetone or fruity breath
   B. pale lips
   C. slow respiration
   D. cool, clammy skin

4. In the hospital, the nurse's responsibilities in caring for a child prior to surgery for appendicitis are:

   A. NPD, checking vital signs and laboratory tests, and applying an ice bag
   B. NPO, giving a cleansing enema, and preoperative medications
   C. giving ice chips and shaving the operative site
   D. NPO, having the child empty its bladder, recording vital signs, and checking lab findings and operative permit

5. For a child 10 to 11 years of age, all the following statements are characteristic except that the child:

   A. shows great interest in competitive activities
   B. is self-centered and uninterested in the ideas of others
   C. is able to plan ahead
   D. is willing to submit to fixed rules in play

6. Which of the following behaviors would you recognize as unusual?

   A. A three month old infant attempting to make noises as you talk to it
   B. A toddler climbing, tasting, and touching to explore his/her surroundings
   C. A school-age child preferring to remain in a room alone rather than joining a group of children the same age
   D. A teenager spending much of the time listening to the radio

7. Relationships with children about six or seven years old will be better if the nurse knows that all the following are normal except that:

   A. sitting still is a great effort
   B. they can dress themselves but are inclined to dawdle
   C. they are quite consistently on their good behavior
   D. they enjoy play in small groups

8. The child about eight or nine years of age will have all the following developmental traits except:

   A. signs of modesty regarding her/his body
   B. playing that mimics family life
   C. fairy tales and the "funnies" are favorite reading material
   D. believing radio and television characters are real

9. The permanent teeth erupt during:

   A. infancy
   B. the toddler years
   C. the preschool years
   D. the school-age years

10. The first permanent teeth to erupt are the:

   A. bicuspids
   B. central incisors
   C. lateral incisors
   D. six-year molars

11. A school-age child who must remain in bed could probably be best entertained by:

   A. books and paint-by-number sets
   B. music boxes and pull toys
   C. mobiles and blocks
   D. television and bicycles

12. Great interest in the peer group, increased food intake, and membership in organizations such as Boy or Girl Scouts characterize:

A. infants
B. preschool children
C. toddlers
D. school-age children

13. Pediclosis capitis is seen primarily in the school-age child because:

A. the mother tends to neglect this age group group and assumes they can care for themselves.
B. children of this age are in close contact with one another
C. the school-age child has lowered resistance and is more apt to pick up infection
D. the school-age child can pick this up from pets

14. The primary difference between second and third degree burns is the:

A. amount of body surface that is burned
B. amount of infection present
C. degree of blistering involved
D. depth of the tissue involved

15. Since shock is the chief cause of burn related deaths, the nurse needs to recognize its signs and symptoms. These include:

A. elevated pulse and decreased respirations
B. elevated respirations and blood pressure
C. elevated pulse and respirations and decrease in blood pressure
D. decreased pulse, increased blood pressure, and clammy extremities

16. A sign of an infected burn is:

A. blister eruption
B. eschar formation
C. foul odor
D. crust formation

17. Shock in burn patients is due to the sudden loss of:

A. whole blood
B. plasma
C. packed cells
D. eosinophiles

18. One of the most important nursing responsibilities when caring for a child with a concussion is:

A. performing "neuro checks"
B. recording urinary output
C. checking the temperature
D. forcing fluids

19. Rheumatic fever is associated with:

A. infections caused by Beta hemolytic streptococcus
B. muscle degeneration of one of the limbs
C. viral infections of the respiratory tract
D. bacterial infections of the bones

20. Sometimes rheumatic fever is characterized by a nervous disorder in which there is involuntary motion of the muscles. This is referred to as:

A. cerebral palsy
B. arthritis
C. Syndenham's chorea
D. Slyben's chorion

21. The child's basic moral and spiritual concepts are developed in:

A. Sunday school and church
B. community agencies
C. schools
D. the home

22. The basic psychological challenge of the school-age child is the development of a sense of:

A. trust
B. industry
C. independence
D. autonomy

23. Prompt, accurate charting is extremely important in caring for hospitalized children because:

A. doctors are doing a great deal of research
B. hospitals demand it for legal reasons
C. children usually lie about their symptoms to doctors
D. a child's condition can change rapidly

24. The greatest threat to life and health during childhood is:

A. communicable disease
B. cerebral palsy
C. accidents
D. rheumatic fever

25. A child of any age usually behaves in a certain way because the child:

A. fears punishment
B. wants to be loved and accepted
C. doesn't want to upset the nurse or his/her parents
D. respects authority

26. The nurse can best help a school-age child adjust to the hospital and illness by:

A. telling the child everything is alright
B. describing the illness to the child in detail
C. keeping other children out of the room
D. being nearby and showing an interest in the child

27. One of the most important responsibilities of nursing a patient with burns is:

A. giving a daily bath
B. keeping an accurate record of intake and output
C. providing a diet that is low in protein
D. limiting visitors

28. A burn over what percentage of the body is likely to be fatal?

A. 5%
B. 10%
C. 30%
D. 50%

29. As a first aid measure, the pain of a severe burn can be lessened by:

A. covering it with cool, moist dressings
B. leaving it alone
C. covering it with sterile cotton
D. covering it with butter

30. Death shortly after a severe burn is usually the result of:

A. exposure
B. shock
C. hemorrhage
D. infection

31. When several fingers of one hand must be bandaged, special attention must be given to prevent:

A. a bulky appearance
B. two skin surfaces from touching
C. use of porous material
D. any pressure from the bandage

32. When both orders are available, it is often up to the nurse to decide whether the medication needed by the burned patient is a:

A. pain reliever or a tranquilizer
B. tranquilizer or a sedative
C. pain reliever or a sedative
D. deodorant or a hypnotic

33. If a parent calls saying her/his small child has just pulled some boiling water off the stove onto himself/herself and describes the appearance of the area as "red with little blisters on the chest and arms," what should the nurse advise her to do?

A. Apply a burn ointment and take the child to the doctor
B. Wrap the child in a clean sheet and go to the doctor
C. Apply ice
D. Wait until the child is with the nurse before doing anything

34. If a patient is being treated with silver nitrate solution, the nurse must be certain to:

A. use very strict reverse isolation technique
B. limit the patient's movement
C. keep the dressings moist with silver nitrate solution
D. heat the silver nitrate before applying

35. An undesirable effect of silver nitrate therapy is:

A. nausea
B. staining
C. increased pulse rate
D. pain on application

36. An undesirable effect of Sulfamylon therapy is:

A. nausea
B. staining
C. increased pulse rate
D. pain on application

37. Tammy, a three-year-old girl, has been burned after playing with matches. Tammy's doctor says that she has received third degree burns. The nurse knows that this means that:

A. Tammy's burns cover more than 50% of her body
B. only the superficial skin layers are burned
C. the muscle and nerves may be involved as well as the skin
D. only a very small area of the body is involved

38. Tammy's pulse is rapid on admission, her blood pressure is low, and she is quite pale. The nurse recognizes these signs as symptoms of:

A. increased intracranial pressure
B. shock
C. anemia
D. infection

39. During the next few days, Tammy's doctor orders lab tests frequently. They are hemoglobin, hematocrit, electrolytes, and routine UA. The nurse realizes that the doctor is doing this to determine:

A. how anemic Tammy is
B. if Tammy is developing an infection
C. how much fluid needs to be replaced
D. what percentage of the body is burned

40. Tammy is being treated with silver sulfadiazine applied to burn areas daily. No dressings are applied. She goes to physical therapy for treatment in the whirlpool each day. Tammy's treatment would be classified as:

A. open method
B. closed method
C. intensive method
D. reverse isolation

41. When applying the silver sulfadiazine, the nurse should:

A. use cotton balls
B. use tongue blades
C. use sterile gloves
D. apply it very sparingly

42. When Tammy goes to physical therapy, the doctor sometimes meets her there and removes some of the tough coating which forms on the burn. This coating is called:

A. exudate
B. debridement
C. diazine
D. eschar

43. Tammy's diet is a factor in promoting healing. The doctor orders a diet that is:

A. high in protein, calories, and vitamins
B. low in fat and sodium
C. low in salt and high in protein
D. mostly liquid

44. Tammy has pancakes, bacon, orange juice, and milk on her breakfast tray. She is not eating well. Which would be best to encourage her to finish?

A. Pancakes
B. Bacon
C. Orange juice
D. Milk

45. Tammy is taken to surgery for skin grafts. The burns on her arms are grafted with skin from her unburned thighs. Because Tammy serves as her own donor, the graft is a/an:

A. autograft
B. homograft
C. split thickness skin graft
D. dermatome

46. Tammy is hospitalized for three months. Much of this time is spent in bed. In order to prevent:

A. contractures, the nurse should encourage full range of motion
B. infection, the nurse should spend as little time as possible with Tammy
C. pain, the nurse should caution Tammy to move about as little as possible
D. shock, the nurse should elevate the head of the bed

47. The doctor worries that Tammy is developing a contracture in the axilla. The best activity for the nurse to initiate to prevent this would be:

A. propping it on a pillow
B. coloring with her
C. building block towers with her
D. reading to her

48. Tammy's mother spends as much time with Tammy as she possibly can. She often expresses her feelings of guilt at not supervising Tammy's play closely enough to prevent the accident. The nurse's best response would be,:

A. "You are letting this long hospitalization get you down. Why don't you stay home more."
B. "Yes, you should have been more careful."
C. "It is very hard to watch an active and curious three-year-old all the time, and accidents happen very quickly."
D. to change the subject.

49. When a patient receives medicated baths for the treatment of a skin disorder, the nurse should remember all of the following except:

A. not to run hot water into the tub after the patient is in the water
B. not to leave children or elderly people alone in the tub
C. that floating toys may make the bath more pleasant for a child
D. that the water must be cold if the patient is to receive maximum benefit

ANSWER SHEET
SCHOOL-AGE

1. D
2. D
3. A
4. D
5. B
6. C
7. C
8. D
9. D
10. D
11. A
12. D
13. B
14. D
15. C
16. C
17. B
18. A
19. A
20. C
21. D
22. B
23. D
24. C
25. B
26. D
27. B
28. D
29. A
30. B
31. B
32. C
33. B
34. C
35. B
36. D
37. C
38. B
39. C
40. A
41. C
42. D
43. A
44. D
45. A
46. A
47. C
48. C
49. D

[redacted]

ADOLESCENT

SECTION D
NURSING OF CHILDREN
UNITS X AND XI
ADOLESCENT

1. The age group which has the highest caloric need is the:

   A. toddler group
   B. school-age group
   C. adolescent group
   D. adult group

2. A person's peers normally are most influential during:

   A. the preschool age
   B. adolescence
   C. school-age
   D. adulthood

3. The process which results in a male or female being capable of reproduction is called:

   A. adolescence
   B. menarche
   C. menopause
   D. puberty

4. A good adult attitude toward the adolescent is best expressed in which of the following statements?

   A. The adolescent's life can be made happy and relatively free of problems if adults plan to protect them from traumatic experiences
   B. Concerning problems of adolescents, all authors today emphasize that every adolescent is in grave emotional danger
   C. Each one of us must develop a sound background to be able to deal with the various unusual problems of this age group
   D. The best way in which adults can help adolescents is to emphasize their strong points and stress a philosophy of hope for tomorrow

5. Those who turn to the use of drugs today are:

   A. young people from deprived areas
   B. delinquent young persons
   C. people of all ages and walks of life
   D. the misfits of society

6. Interest in the opposite sex, interest in school activities, and a spurt of physical growth characterize:

   A. toddlers
   B. pre-school children
   C. school-age children
   D. adolescents

7. Which of these statements best illustrates the understanding that adults must set limits and hold to them when disciplining children?

   A. "If you will promise me to do better the next time, I will forget our agreement that you were not to stop at Bill's on your way home from school. This is the third time I've excused you. This is the last."
   B. "You did not make you bed before you left for school this morning. That's the fourth time this week. What am I going to do with you?"
   C. "I'm tired of the same lame excuses over and over from you about cutting classes. The next time I am going to see the principal. You won't be able to talk me out of it again."
   D. "You were to have been in at midnight last night. Your reason for being late is not acceptable. You cannot use the car for one week, just as we have agreed."

8. At about twelve or thirteen years of age, the nurse can expect:

   A. boys to be taller than girls
   B. girls to be taller than boys
   C. girls to hate boys
   D. girls and boys to be the same size

9. Skeletal growth is completed when:

   A. cranial fusion occurs
   B. the epiphyses close
   C. greater trocanteric growth is finished
   D. the pelvic girdle widens

10. Secondary sex characteristics of the male include all of the following except:

   A. appearance of axillary and pubic hair
   B. deepening of the voice
   C. growth of facial hair
   D. production of spermatozoa

11. During adolescence acts that appear to be disobedient may be the result of all the following except :

   A. laziness
   B. difficulty in paying attention
   C. forgetfulness
   D. no sense of time

12. Another factor that makes this a complex period is that:

A. these children are unaware of the fact that there are many sides to their nature
B. state laws establish 16 years as the chronological age separating childhood from adulthood
C. physical maturity lags behind emotional maturity
D. girls in early adolescence are more mature than boys of the same age

13. The nurse's understanding of the child of 12 to 13 years of age will be better if he/she knows that all of the following are true except that the child:

A. prefers to be a spectator of games
B. loses self-consciousness about attempting new physical skills
C. understands abstract ideas such as honesty and loyalty
D. craves periods of being alone

14. Adolescence is the period of growing up between the ages of:

A. 8 and 12 years
B. 10 and 15 years
C. 12 and 18 years
D. 15 and 20 years

15. Physical changes of the female that are significant include:

A. acquiring a permanent set of teeth
B. the beginning of the menses
C. physical weakness
D. acquiring full physical growth

16. The adolescent is especially in need of acceptance from:

A. parents
B. peers
C. teachers
D. brother and sisters

17. The diabetic child should always carry:

A. a lump of sugar
B. an insulin syringe
C. salted nuts
D. money to call home if ill

18. Which of the following groups of symptoms occurs in the beginning of an insulin reaction?

A. tremors, weakness, and paleness
B. polyuria, air hunger, and soft eyeballs
C. dimness of vision, vomiting, and fruity odor
D. slow pulse, dry skin, and thirst

19. Which of the following is the most conclusive in diagnosis of diabetes mellitus?

A. Blood pH
B. FBS
C. Glucose tolerance test
D. UA for sugar content

20. In addition to calling the doctor, which of the following is most important for the nurse to do if a patient shows signs of insulin reaction?

A. Elevate the foot of the bed
B. Give some orange juice to the patient
C. Collect a urine specimen
D. Put the patient to bed and keep her/him warm

21. In school-age children, personality development centers around:

A. sense of trust
B. sense of autonomy
C. sense of duty, accomplishment, and industry
D. sense of initiative and independence

22. 10-year-olds like to be independent. Adults should make requests:

A. positively and tactfully
B. subtly
C. negatively to get positive action
D. reasonably and persuasively

23. A school child learns his/her appropriate masculine or feminine role principally by:

A. identification with the parent of the same sex
B. hero worship
C. indentification with good friends of the same sex
D. indentification with favorite teachers, groups, and leaders

24. The most important observation to make in the first 48 hours after an extensive third degree burn is:

A. color and drainage
B. the extent and degree of pain
C. the amount of eschar
D. the amount of urine output

25. The most important problem to be faced in the first 24 hours after a third degree burn is to:

A. prevent shock
B. prevent cross infection
C. promote healing
D. maintain good alignment

26. Most variances in growth rates frequently occur during:

A. the school-age stage
B. adolescence
C. the toddler period
D. the preschool stage

27. Which of the following are not contagious diseases of the skin and/or scalp?

A. Ringworm
B. Pediculosis
C. Impetigo
D. Acne

28. If a neighborhood teenager consults a nurse about an acne problem, the nurse would be correct in suggesting:

A. squeezing the blackheads using the tips of the fingernails
B. using an antibacterial soap for cleansing two or three times a day
C. taking some antibiotics
D. not drinking milk because it might aggravate the condition

29. Predisposing causes of acne vulgaris include all of the following except:

A. hormonal changes
B. genetic predisposition
C. emotional stress
D. washing the skin frequently

30. Obesity can be caused by:

A. eating too little
B. not enough vitamins
C. emotional stress
D. overactivity

31. Dysmenorrhea:

A. can be caused by emotional tension
B. means bleeding too frequently
C. appears in the preschool child
D. shows up in the female with normal pelvic area

32. Bovine tuberculosis is contracted from:

A. infected vegetables
B. infected milk
C. infected meat
D. infected clothing

33. Adolescents are more susceptible to tuberculosis than other age groups because:

A. they sleep more than adults
B. they lack experience with health problems
C. they work hard, play hard, and are under more emotional stress
D. they have less resistance to streptococcal infections

34. The adolescent with TB may complain of all of the following except:

A. fatigue and anorexia
B. weight gain
C. night sweats
D. coughing

35. Complications of TB include all of the following except:

A. secondary infections
B. Primary infections
C. spread of the disease through the digestive tract by swallowing infected sputum
D. infections in the brain, liver, spleen or kidneys if germs filter into the bloodstream

36. Drugs used to fight TB might include all of the following except:

A. Streptomycin or Kanamycin
B. Isoniazid or INH
C. Paraaminosalicylic acid or PAS
D. Tetracycline

37. Nursing responsibility in TB infections include all of the following except:

A. preventing physical and emotional upheaval
B. encouraging periodic checkups
C. encouraging and instructing the patient concerning diet
D. giving correct medication as ordered

38. Drug misuse in adolescents happens because:

A. the adolescent has a good self concept
B. of social pressure from peers
C. adolescents do not have a chance to become bored
D. adolescents are not curious about drugs

39. The hospitalization is viewed by the adolescent as:

A. a threat to their superego
B. a punishment for behavior
C. a place for inaccurate information
D. an ideal place for them to be, especially with very small children

40. Reactions to hospitalization by the adolescent can be:

A. acceptance and patience
B. anger and hostility
C. withdrawal and cheerfulness
D. passiveness and denial

41. The age at which there is little concept of death is age:

A. 3-5
B. 5-9
C. 0-3
D. 9-12

42. The age where the child denies the permanence of death, believing death to be a kind of change is age:

A. 0-3
B. 3-5
C. 5-9
D. 9-12

43. The age where the child might consider death as a deprivation and personal abandonment when it occurs in someone they know is age:

A. 0-3
B. 3-5
C. 5-9
D. 9-12

44. The age in which a child comprehends the difference between death and sleep and achieves a more realistic concept of death is age:

A. 3-5
B. 5-9
C. 9-12
D. 12-18

45. The age in which a child might desire to live and sees death as an end to desired goals is age:

A. 3-5
B. 5-9
C. 9-12
D. 12-18

46. If the death of a child is anticipated, an appropriate reply to a child's question, "Am I dying?" would be:

A. "Yes, you are going to die."
B. "No, you are not going to die right now."
C. "People with your illness live a long time."
D. "Yes, but we will be here to care for you and stay with you."

47. An adolescent will need a daily diet of:

A. 2600 calories for girls and 3600 calories for boys
B. 1700 calories for girls and 2400 calories for boys
C. 2200 calories for girls and 3000 calories for boys
D. 3500 calories for girls and 4000 calories for boys

48. Health education for the adolescent should include all of the following except the:

A. need for a medical or dental exam at least yearly
B. the adverse affects of smoking
C. the hows and whys of veneral diseases
D. how good drugs make one feel

ANSWER SHEET
ADOLESCENT

1. C
2. B
3. D
4. D
5. C
6. D
7. D
8. B
9. B
10. D
11. A
12. D
13. B
14. C
15. B
16. B
17. A
18. A
19. C
20. B
21. C
22. A
23. A
24. D
25. A
26. B
27. D
28. B
29. D
30. C
31. A
32. B
33. C
34. B
35. B
36. D
37. A
38. B
39. B
40. B
41. C
42. B
43. C
44. C
45. D
46. D
47. A
48. D

MEDICAL SURGICAL
NURSING

SECTION E
MEDICAL SURGICAL NURSING
UNIT I
INTRODUCTION

1. Which of the following nursing measures can be carried out for a feverish patient without an order from the doctor?

    A. Frequent bathing of the face and hands and mouth care
    B. Alcohol sponge bath
    C. Anti-pyretic drugs
    D. Cool water enema

2. Symptoms of fever may include:

    A. flushed face with hot and dry skin
    B. cold, clammy skin
    C. a drop in blood pressure
    D. a drop in the pulse rate

3. Fluid in the tissue spaces is called:

    A. plasma water
    B. intracellular fluid
    C. edematous fluid
    D. interstitial fluid

4. A deficiency of water in the body is called:

    A. edema
    B. dehydration
    C. overhydration
    D. pitting edema

5. Pulmonary edema results from:

    A. a collection of fluids within the tissue spaces of the lungs
    B. fluid within the alveoli
    C. fluid within the bronchi
    D. fluid in the trachea

6. The carefully controlled nourishing of an organism in the laboratory is called a:

    A. smear
    B. culture
    C. sensitivity test
    D. slide

7. The most important point in collecting a specimen for culture is:

A. keeping the specimen at the proper temperature
B. obtaining an adequate amount of the material
C. avoiding contamination from outside materials
D. storing the specimen in a clean container

8. The amount to be collected for a routine urinalysis should be at least:

A. 60 - 100 cm^3
B. 10 - 30 cm^3
C. 200 - 500 cm^3
D. 1000 cm^3

9. The most common test done on the blood is:

A. a cell count
B. a platelet count
C. the sedimentation rate
D. a hematocrit

10. A test for occult blood is done to determine:

A. massive internal hemorrhage
B. hidden bleeding
C. ova and parasites
D. frank bleeding

11. A sputum specimen must consist of:

A. nasal secretions
B. saliva
C. liquid material brought up from the lungs by coughing
D. blood streaked secretions

12. The normal hemoglobin is:

A. 12 to 15 gm or 80% to 100%
B. 8 to 10 gm or 90% to 110%
C. 12 to 10 gm or 50% to 70%
D. 10 to 12 gm or 50% to 70%

13. The normal white cell count per mm^3 of blood is:

A. three to five million
B. 8 to 10 gm
C. ten to fifteen thousand
D. five to ten thousand

14. Fluoroscopy is:

A. an x-ray film of the intestines
B. an in-motion study of a hollow organ as a radiopaque substance is passing through it
C. a study of brain waves as recorded on x-ray film
D. a study of heart waves

15. An electrocardiogram is a/an:

A. study of the heart's activity as it is being stimulated by electric charges from a machine
B. X-ray of the heart's muscular activity
C. graphic recording of heart muscle activity
D. graphic recording of brain wave activity

16. Which of the following would be most helpful in preventing or relieving a patient's anxiety?

A. Following the old adage, "What the patient doesn't know won't hurt her/him."
B. Explaining a nursing procedure to the patient and then performing the procedure efficiently
C. Reassuring the patient that he/she need not worry because, "We know what is best for you."
D. Citing examples of other cases similar to the patient's that were successfully treated

17. When a person develops an illness because of the entrance of pathogenic organisms into her/his body, this person has a/an:

A. inflammation
B. neoplastic disease
C. infection
D. allergy

18. A defect which is present at birth is called a/an:

A. inherited defect
B. congenital defect
C. birth injury
D. genetic defect

19. The application of moderate heat to an inflamed area will:

A. slow down the process of inflammation
B. increase production of leukocytes
C. help localize inflammation
D. have little physiologic effect other than the relief of pain

20. The abscess is the body's attempt to:

A. localize infection
B. increase the blood supply to the infected area
C. decrease the blood supply to the infected area so infection won't spread
D. provide drainage for bacteria

21. The body increases its number of white blood cells in an infection because:

A. white blood cells contain oxygen which the tissues need to fight infection
B. white blood cells destroy and ingest bacteria
C. the formation of pus from white blood cells is necessary for the proper handling of an inflammation
D. white blood cells aid in the clotting of blood

22. The term mycosis refers to a:

A. bacterial infection
B. viral infection
C. yeast infection
D. fungal infection

23. Antigens and allergens are similar in that they both:

A. cause an allergic reaction
B. stimulate the production of antibodies
C. bring about a passive immunity
D. dissolve both bacteria and viruses

24. The word antigen means:

A. capable of stimulating the body to produce antibodies
B. a substance produced by the body to overcome microorganisms
C. capable of producing an allergy
D. capable of causing an infection

25. All of the following are subjective symptoms except:

A. itching
B. pain
C. nausea
D. high blood pressure

26. The pattern by which heartbeats are spaced is called the:

A. volume
B. rhythm
C. tension
D. rate

27. Respiration is the mechanism of:

A. body metabolism
B. exchange of gases in the body
C. a disturbance in bodily functions
D. Cheyne-Stokes respiration

28. One sign of an insufficient amount of oxygen in the body may be:

A. edema
B. cyanosis
C. fever
D. flushed face

29. Postural hypotension is related to a person's:

A. age
B. body position
C. sex
D. family history

30. The general goal in caring for a person during a convulsion is:

A. restraining the patient
B. preventing the patient from injuring himself/herself
C. keeping the patient's mouth open and airway unobstructed
D. wakening the patient

31. When suctioning a patient's throat, pinch the catheter off:

A. until it is inserted into the throat
B. only after suctioning is complete
C. only during the time the catheter is being rinsed
D. only when applying suction

32. Water comprises:

A. about one-fourth of the body weight
B. more than half of the body weight
C. about 90% of the body weight
D. about one-third of the body weight

33. Fluid within the blood and lymph vessels is called:

A. tissue fluid
B. intracellular fluid
C. intravascular fluid
D. interstitial fluid

34. Electrolytes are capable of conducting an electric current:

A. when in solution
B. only in the nerves and muscles
C. when there are at least three present at one time
D. at all times

35. A deficiency of potassium can result in:

A. hypertension
B. muscle weakness and tachycardia
C. sudden weight loss
D. sudden weight gain

36. Primary food sources of potassium include:

A. eggs and cheese
B. prunes and raisins
C. fruit juices and bananas
D. lean meats

37. The major function of magnesium is concerned with:

A. fluid balance
B. muscle and nerve irritability
C. calcification of bones
D. appetite control

38. Nursing measures to induce voiding include:

A. insisting that the patient void even though she/he may state that he/she cannot
B. providing privacy and helping the patient relax
C. withholding fluids until voiding occurs
D. catheterization

39. Nerve damage can occur in the arm during prolonged IV therapy when the:

A. needle is dislodged from the vein
B. arm is tightly bound to an unpadded arm board
C. flow of fluid is too rapid
D. needle is in the vein

40. Symptoms of phlebitis as a result of irritation during IV therapy include:

A. pain, redness, warmth, and hardness along the vein site
B. fever and purulent drainage around the needle site
C. numbness in the little and middle fingers
D. pain, coolness, and pallor along vein site

41. Which of the following statements is most accurate in describing the process of aging?

A. A person's attitude toward life and ability to accept ideas and share a variety of interests with others directly affects the speed of "growing old"
B. Most persons past the age of 65 are physically and mentally unable to take care of themselves
C. Every person grows old at the same rate as others
D. Age is determined by Social Security Status

42. What percentage of the population aged 65 years or older are capable of leading vigorous and useful lives?

A. About 85%
B. About 20%
C. Less than 50%
D. Less than 60%

43. The most common chronic or longterm illness in the U.S. today is:

A. heart disease
B. mental illness
C. cancer
D. diabetes

44. Immobility can affect the functioning of:

A. all of the major systems of the body
B. the circulatory and musculoskeletal systems
C. all but the urinary and nervous systems
D. all but the central nervous system

45. A breathing difficulty that causes a patient to sit up to breathe is called:

A. apnea
B. eupnea
C. hyperpnea
D. orthopnea

46. A patient who is dehydrated may exhibit all of the following symptoms except:

A. increased urine output
B. decreased urine output
C. dry tongue and parched lips
D. dry skin

47. A collection of fluid in the tissues is called:

A. edema
B. epistous
C. hemoptysis
D. keloid

48. Most of the time, Ms. G. complains of constipation. This is recognized primarily by which one of the following symptoms?

A. Amount of stool per evacuation
B. Frequency of evacuation
C. Consistency of stool
D. Shape of stool

49. In her attempt to "keep regular," Ms. G. goes to the bathroom frequently to try to have a bowel movement. This morning she said to the nurse, "Yesterday and today I passed only a little bit, like diarrhea." One of the first things the nurse should associate with these symptoms is that it is:

A. an early sign of cancer
B. a sign of fecal impaction
C. common in the elderly
D. common in illness

50. Vomiting of blood is known as:

A. epistoxis
B. dyspnea
C. hematemesis
D. hemoptysis

51. A drug used to relieve nausea and vomiting is known as a/an:

A. antacid
B. antiemetic
C. diuretic
D. stimulant

52. A urine specimen that is milky or cloudy probably contains:

A. an abnormal amount of sugar
B. fat globules and pus cells
C. blood pigments
D. albumin

53. When preparing a patient for a specific hematologic study, the nurse should:

A. ask the physician how the patient should be prepared
B. consult the dietary department of the hospital
C. consult the hospital laboratory manual or written procedure
D. ask the charge nurse how the patient should be prepared

54. A differential white cell count determines the number of:

A. white cells in the blood specimen
B. various kinds of cells in the urine specimen
C. various kinds of white cells in a specimen
D. various kinds of cells in a sputum specimen

55. Enzyme studies are helpful in diagnosis because when the cells of an organ are damaged by disease or injury, the:

A. enzyme is secreted in abnormally large amounts
B. enzymes are no longer produced by the cells
C. injured cell membranes permit the leakage of enzymes from the cells into the blood stream
D. enzymes are secreted in abnormally small amounts

56. Radioactive iodine is used primarily in diagnosing disorders of the:

A. heart
B. lungs and spleen
C. thyroid gland and liver
D. kidneys

57. Which of the following is not a good way to meet a patient's needs?

A. Calling the patient by name
B. Explaining to the patient there is no need to cry because a liver scan is easy to do
C. Explain the time meals are served and how the patient may select his/her diet
D. Introduce yourself

58. A feeling of discomfort in response to some unknown threat or danger is known as:

A. anxiety
B. conversion
C. depression
D. rationalization

59. The fluid which bathes the outside of the cell and fills the space between the cells is called:

A. intracellular fluid
B. intravascular fluid
C. interstitial fluid
D. intervascular fluid

60. Severe dehydration is characterized by:

A. moist skin
B. a drop in body temperature
C. protruding eyeballs
D. increased thirst

61. The most accurate method of monitering the increase or decrease of edema is:

A. to note intake and output
B. to note daily weights
C. palpation of the ankles
D. to use a measuring tape

62. Illness is defined as a/an:

A. change in body tissues brought about by organisms
B. abnormal state of the body
C. state of being sick; any deviation from the normal functioning of the body
D. a diseased state

63. The two general causes of illness listed on the information sheet are:

A. predisposing causes and specific causes
B. infection and disease
C. environmental and hereditary effects
D. malignant or benign growths

64. Three purposes of treatment are to:

A. cure, alter progress, or provide supportive therapy
B. diagnose, treat, and cure
C. diagnose, provide therapy, and arrest the illness
D. cure, maintain health, and reduce disability

65. Signs and symptoms of illness include:

A. sex, age, and heredity
B. pain, joy, and temperature
C. function, temperature, and swelling
D. pain, temperature, and inflammation

66. The two general types of symptoms of inflammation and infection are:

A. loss of function and redness
B. local symptoms and systemic symptoms
C. symptoms of pain and tenderness
D. nausea and temperature

67. Factors which influence cardinal signs include:

A. external temperature, illness, and dehydration
B. movement, infection, and pain
C. loss of function, position, and joy
D. metabolism, skin, and infection

68. The difference between objective and subjective observations is:

A. objective symptoms can be seen, and subjective symptoms cannot be seen
B. objective symptoms are those of degree, and subjective symptoms are those of location
C. objective symptoms indicate pulse, and subjective symptoms indicate temperature
D. objective symptoms increase respirations, and subjective symptoms raise blood pressure

69. Causes of hemorrhage include:

A. temperature, pain, and heat
B. increased WBC, nausea, and medications
C. thirst, change in fluid balance, and injury
D. injury, wounds, and surgical incisions

70. Primary sources of hemorrhage include:

A. bright red arterial wounds and surgical incisions
B. bright red arterial wounds, dark red venous wounds, and capillary oozing
C. bright red arterial wounds and ruptured blood vessels
D. wounds, surgical incisions, and injuries

71. Symptoms of hemorrhage include:

A. lowered blood pressure and pale, cold, moist skin
B. pale, cold, moist skin and raised blood pressure
C. raised blood pressure, temperature, and pulse
D. increase in temperature, pulse, and respirations

72. Types of shock include:

A. insulin, septic, and hematogenic
B. cardiogenic, orogienic, and hygienic
C. insulin, cardiogenic, and hygienic
D. septic, hematolgenic, and orogienic

73. Symptoms of gastric distress include:

A. anorexia-refusal of food, nausea, gagging, vomiting, and weakness
B. hyperexia-refusal of food, nausea, gagging, vomiting, and weakness
C. hyporexia-hunger, nausea, gagging, vomiting, and weakness
D. hyperemesis-hunger, nausea, and vomiting

74. Three types of intestinal distress and their symptoms are:

A. urea, loose stool, constipation, infrequent hard feces, flatus, and distended abdomen
B. loose stools, infrequent stools, and flatus
C. diarrhea, frequent loose stools, constipation, infrequent hard feces, flatus, and distended abdomen
D. constipated stools, infrequent stools, and urea

75. Symptoms of cardio-respiratory distress include:

A. increase in temperature, pulse, and respirations
B. cyanosis, dyspnea, anxiety, and increased respiration rate
C. increased blood pressure, headache, and weakness
D. weakness, fatigue, and flushed warm skin

76. Symptoms of urinary distress include:

A. bladder distention, dysuria, and hematuria
B. micturation, retention with overflow, and urgency
C. oliguria, incontinence, and micturation
D. dysuria, hematuria, and micturation

77. Symptoms of neurological distress include:

A. edema, cerebral vascular accident, and injury
B. brain damage and increased cranial pressure
C. drugs, edema, cerebral vascular accident, and injury
D. varying states of consciousness, drowsiness, and deep coma

78. Fluid balance refers to:

A. body fluids
B. the proper amounts and strengths of nutritives and electrolytes in the body fluids to maintain homeostasis
C. the presence of electrolytes in the proper amounts and strengths
D. all tissues and organs working together to maintain homeostasis

79. Symptoms of fluid imbalance include:

A. homeostasis, headache, and coma
B. shock, general weakness, and muscle spasm
C. edema, convulsions, and electrolytes
D. hemorrhage, extracellular fluid, and edema

80. General nursing responsibilities for the medical-surgical patient include:

A. providing for the physical and psychological comfort, well-being, and safety of the patient
B. providing emotional support for the patient
C. providing warmth as needed
D. providing for the physical comfort and safety of patient and observing the patient's condition

81. Nursing responsibilities for specific conditions are:

A. the same as for all medical-surgical patients
B. the same as for all medical-surgical patients, while being careful to follow doctor's orders for specific conditions
C. to follow doctor's orders
D. to observe, report, and record

ANSWER SHEET
INTRODUCTION TO MEDICAL SURGICAL NURSING

1. A
2. A
3. B
4. B
5. A
6. B
7. C
8. B
9. D
10. B
11. C
12. A
13. D
14. B
15. C
16. B
17. C
18. B
19. C
20. A
21. B
22. D
23. B
24. A
25. D
26. B
27. B
28. B
29. B
30. B
31. A
32. B
33. C
34. A
35. B
36. C
37. B
38. B
39. B
40. A
41. A
42. A
43. A
44. A
45. D
46. A
47. A
48. C
49. B
50. C
51. B
52. B
53. C
54. C
55. C
56. C
57. B
58. A
59. C
60. D
61. B
62. C
63. A
64. A
65. D
66. B
67. A
68. A
69. D
70. B
71. A
72. A
73. A
74. C
75. B
76. A
77. D
78. B
79. B
80. A
81. B

REPRODUCTIVE

REPRODUCTIVE

SECTION E
MEDICAL SURGERY
UNIT II
REPRODUCTIVE SYSTEM

1. An emotional state that can precede a menstrual period is that of:

   A. disorganization
   B. irritability
   C. lethargy
   D. fear

2. Amenorrhea would be normal following:

   A. a subtotal hysterectomy
   B. a bilateral oophorectomy
   C. amputation of the cervix
   D. placement of a pessary

3. Dysmenorrhea will be increased in the presence of:

   A. constipation and a full bladder
   B. a discharge
   C. leukoplakia
   D. nonpathogenic bacteria

4. Dysmenorrhea is more often a problem in the adolescent girl who:

   A. begins menstruating early
   B. has been poorly prepared for menstruation
   C. does not start her menstrual cycle until age 16
   D. is not athletic

5. The application of heat to the abdomen and a hot bath may relieve dysmenorrhea that is caused by:

   A. uterine congestion
   B. uterine muscle spasms
   C. emotional rejection of the menstrual process
   D. inability to expel the mucus plug in the cervix

6. The nurse has a friend, age 60, who complains of occasional vaginal bleeding. The nurse will be most concerned with impressing on the friend the need to determine the:

   A. time the bleeding occurs
   B. amount of the bleeding
   C. reason for the bleeding
   D. red blood count and hemoglobin level

7. Ms. M. apologizes to the nurse for being so critical. "I'm just not myself. I have the most distressing vaginal discharge which has me worried." The nurse would be correct to suggest,:

A. "Most women have a vaginal discharge sometimes."
B. "All vaginal secretions are normal."
C. "Most discharges are annoying but harmless. You should let your doctor find the cause."
D. "When you get home, try a strong antiseptic solution daily as a douche."

8. Mycostatin is considered specific in the treatment of:

A. trichomonas vaginitis
B. senile vaginitis
C. moniliasis
D. cervicitis

9. Cervicitis may be a predisposing cause of cancer of the cervix because:

A. inflamed tissue is readily infected
B. the leukorrhea acts as a constant irritant
C. scar tissue takes the place of normal tissue
D. it is always due to tears produced during childbirth

10. An early symptom and often the only warning symptom of cancer of the cervix is:

A. menorrhagia
B. metorrhagia
C. leukorrhea
D. vaginitis

11. A symptom commonly found in the patient with a rectocele is that of:

A. bloody diarrhea
B. hemorrhoids
C. leukorrhea
D. constipation

12. Leukorrhea will be present when there is a prolapse of the uterus of the first, second, or third degree. It is the result of:

A. an infection
B. irritation of the cervix
C. congestion of blood in the vaginal mucosa
D. increased acidity of vaginal secretions

13. The most dangerous and infectious state of syphilis is the:

A. incubation stage
B. chancre stage
C. rash stage
D. latent stage

14. Inadequate treatment of syphilis is as dangerous to the person affected as no treatment at all because:

A. it will lead to insanity
B. the person will infect the whole family
C. the person will soon be unable to work
D. complications will disable the person eventually

15. Gonorrhea and syphilis are both:

A. the same disease
B. different stages of the same disease
C. highly contagious
D. more common in men

16. The most distressing symptoms of early gonorrhea are:

A. abdominal pains
B. burning on urination
C. open sores
D. fever, headache, and nausea

17. Gonorrhea is often the cause of sterility because the inflammation:

A. dilates the hymen
B. prevents ovulation
C. obstructs Bartholin's glands
D. blocks the fallopian tubes

18. The nurse can adequately protect himself/herself from gonorrhea infection from the patient's genital discharge by:

A. soaking hands in Lysol solution
B. wearing a gown and a mask
C. carrying out full isolation techniques
D. washing hands thoroughly

19. Elaborate sterilization of linens and equipment used by the gonorrheal patient is not necessary because:

A. after the third month, the patient is not infectious
B. the germs do not live long outside the human body
C. the discharge is usually confined to a pad or a dressing
D. all gonorrheal patients are taken care of in the same ward unit

20. Syphilis is rapidly becoming a community problem because of the greater number infected in the:

A. female sex
B. teenage group
C. wage-earning class
D. our mental institutions

21. Gonorrhea is not like many infectious diseases because:

A. aseptic precautions are not necessary
B. there is no immunity after one attack
C. more men are affected than women
D. there is no specific treatment

22. A test for patency of the tubes is the:

A. Schiller Test
B. Rubin Test
C. Pap smear
D. culdoscopy

23. What diagnostic test is usually done before a mastectomy is performed?

A. D and C
B. Pap smear
C. Biopsy
D. Culdoscopy

24. Which of the following types of surgery may cause the greatest emotional problems for a woman?

A. Salpinegectomy
B. Appendectomy
C. Mastectomy
D. Perinorrhaphy

25. Which form of exercise may the new mastectomy patient perform shortly following her surgery?

A. Washing her face
B. Wall climbing
C. Pendulum swinging
D. Isometrics

26. When preparing a patient for a gynecological examination, the nurse should:

A. give the patient 500 cm^3 of water to drink one half hour before examination
B. restrict fluid intake
C. withhold the meal prior to examination
D. have the patient empty her bladder

27. The standard position for a pelvic examination is the:

A. dorsal recumbent position
B. Trendelenburg position
C. Sims position
D. lithotomy position

28. The first menstrual period is called:

A. menarche
B. melena
C. ovulation
D. menopause

29. The most common reason for performing a dilatation and curettage is to:

A. find the cause of abnormal bleeding
B. cure cancer
C. prevent abortion
D. prevent infection

30. Amenorrhea may be caused by all of the following factors _except_:

A. pregnancy
B. menopause
C. endocrine imbalance
D. activity

31. Inflammation of the fallopian tubes is called:

A. pelvic peritonitis
B. salpingitis
C. oophoritis
D. gonorrhea

32. The most common complication of pelvic inflammatory disease is:

A. shock
B. hemorrhage
C. infection
D. sterility

33. A patient with pelvic inflammatory disease may manifest all of the following symptoms _except_:

A. nausea and vomiting
B. vaginal discharge
C. afebrile fever
D. pelvic pain

34. A patient with pelvic inflammatory disease is usually placed in semi-Fowler's position to:

A. relieve pain
B. localize abscess formation
C. minimize the nausea and vomiting
D. prevent the need for surgery

35. A most common symptom of a uterine tumor is:

A. pain
B. bleeding
C. mass in the abdomen
D. nausea

36. Benign uterine tumors are commonly called:

A. fibroids
B. cysts
C. adenomas
D. simple

37. A patient with a uterine displacement may manifest all of the following symptoms _except_:

A. backache and fatigue
B. vaginal discharge
C. pelvic "drag"
D. weight loss

38. A common complication of vaginal surgery is:

A. infection
B. abdominal distention
C. bleeding
D. dehydration

39. A pessary is used to:

A. hold the uterus in place
B. prevent urinary complication after uterine surgery
C. minimize vaginal discharge
D. prevent postoperative uterine infections

40. Cancer may be treated in all of the following ways _except_:

A. biopsy
B. surgery
C. internal radiation
D. chemotherapy

41. All of the following may be indications of breast tumors _except_:

A. erosion of nipple surface
B. redness of skin over breast
C. nipple discharge
D. decrease in size of the breast

42. Exercises of the arm and shoulder on the affected side of a radical mastectomy patient are begun as soon as the doctor feels the patient may do them to:

A. minimize the amount of drainage
B. prevent lymphedema
C. minimize the pain
D. help the patient emotionally

43. The study of the reproductive system in women is called:

A. genealogy
B. genetics
C. etiology
D. gynecology

44. A gynecological examination includes:

A. inspection of the external genitalia and/or vagina for signs of disease with the nurse responsible for the psychological support of the patient
B. visualization of the vagina with the nurse responsible for assembling equipment
C. pelvic examination with the nurse responsible for assisting the physician
D. pelvic examination with the nurse responsible for collecting a specimen

45. The Papanicolaou test, the Pap Smear or cytology test, is done to aid in the diagnosis of:

A. the patency of the fallopian tubes
B. pregnancy
C. vaginitis
D. cancer of the cervix

46. Disturbances of menstrual function include:

A. dysmenorrhea, amenorrhea, and menorrhagia
B. amenorrhea, menorrhea, and leukorrhea
C. leukorrhea, menorrhagia, and menorrhea
D. amenorrhea, menorrhea, and dysmenorrhea

47. Two diseases of the female reproductive system include:

A. menorrhea and cervicitis
B. cervicitis and vaginitis
C. menorrhea and amenorrhea
D. cervicitis and amenorrhea

48. Symptoms of gonorrhea, one of the two most prevalent veneral diseases, include:

A. a yellowish, purulent discharge from the vagina
B. sterility
C. inflammatory arthritis
D. heart disease

49. Both gonorrhea and syphilis are nearly always transmitted through:

A. an infected lesion
B. toilet seats
C. clothing
D. sexual intercourse

50. Types of surgery of the female reproductive system include:

A. hysterectomy, mastectomy, and nephrectomy
B. salpingectomy, mastectomy, and hysterectomy
C. mastectomy, total hysterectomy, and nephrectomy
D. perinorrhaphy, oophorectomy, and nephrectomy

51. Symptoms of retroversion and/or retroflexion of the uterus include:

A. backache, fatigue, and dysmenorrhea
B. fatigue, difficulty in voiding, and fistula
C. urinary retention, sterility, and emaciation
D. emaciation, fatigue, and dysmenorrhea

52. The etiology of cystocele, rectocele, and prolapse is:

A. pelvic pressure, backache, and urine retention
B. obstetrical trauma and general atrophy associated with aging
C. congenital with obstetrical trauma
D. obstetrical trauma and pelvic pressure

53. Symptoms of benign ovarian and uterine tumors include:

A. vaginitis, backache, and sterility
B. menorrhagia, backache, and pelvic pain
C. pain, vaginitis, and cervicitis
D. metrorrhagia, menorrhagia, and vaginitis

54. Cancer of the cervix is diagnosed by:

A. pain in back and legs
B. vaginal bleeding
C. a Papanicolaou (Pap) test
D. a Rubin test

55. Symptoms of cancer of the fundus of the uterus include:

A. vaginal bleeding between menstrual periods or after menopause
B. extreme emaciation and anemia
C. difficulty in urination and backache
D. pelvic pain and backache

56. Preoperative and postoperative nursing care responsibilities for patients having abdominal surgery include:

A. following the doctor's preoperative and postoperative orders, including post-op observation for hemorrhage
B. following the doctor's preoperative and postoperative orders, including post-op observation for circulation, urination, and hemmorrhage
C. observing for hemorrhage and urination
D. postoperative care is the same as for other types of surgeries

57. A diagnostic evaluation for diseases of the breast include:

A. showing films on breast cancer
B. being aware of community resources
C. participating in discussions on signs that may indicate breast cancer
D. monthly breast self-examination

58. Nonmalignant diseases of the breast include:

A. acute mastitis and chronic cystic mastitis
B. fibroadenomata and adenocarcinoma
C. mastitis and adenocarcinoma
D. chronic cystic mastitis and mastoiditis

59. Symptoms of cancer of the breast include:

A. pain in all stages
B. tender lumps
C. early menopause
D. nontender lump, most frequently in upper outer quadrant

60. Nursing responsibilities for patients having surgery of the breast include:

A. reassuring the patient and observing for circulation of arm and hand
B. the same responsibilities as for other types of surgery
C. assisting as needed
D. reassuring the patient in the same way as other types of surgical patients

61. Menorrhagia is a symptom of a:

A. uterine tumor such as a polyp
B. vaginal fistula
C. prolapsed uterus
D. cystocele

62. Vaginitis caused by trichomonas is treated with:

A. Mycostatin
B. Flagyl
C. penicillin
D. Urecholine

63. Vaginitis caused by candida albicans is treated with:

A. Mycostatin
B. Flagyl
C. penicillin
D. Urecholine

64. The main symptom of cervicitis is:

A. leukoplakia
B. uterine bleeding
C. leukorrhea
D. vaginal itching

65. The hormonal treatment of endometriosis is directed toward:

A. providing the vagina with its natural secretions
B. giving testosterone to counteract estrogen
C. producing a pseudopregnancy
D. increasing the body's production of estrogen

66. The most common symptom of a fibroid uterine tumor is:

A. dyapaurenia
B. abnormal uterine bleeding
C. dysmenorrhea
D. amenorrhea

67. The most common malignancy of the female reproductive tract is cancer of the:

A. ovary
B. cervix
C. breast
D. fallopian tubes

68. A woman should examine her breasts:

A. each month before her menstrual period
B. during ovulation
C. each month after her menstrual period
D. during menstrual period

69. The only purpose for the thickening of the increase in the blood supply of the uterine lining each month is to:

A. limit the girl's activity
B. provide the necessary female sex hormones
C. prepare for a fertilized egg cell
D. cause ovulation

70. Chronic cervicitis is most often due to infection that follows:

A. exposure to gonococcus
B. routine daily douching
C. pelvic surgery
D. cervical tears during childbirth

71. Spotting of blood beween menstrual periods should be viewed with alarm as a possible warning sign of:

A. menopause
B. gonorrhea
C. carcinoma
D. menorrhagia

72. The nurse can expect that any condition affecting the prostate gland will produce urinary symptoms because the:

A. prostate surrounds the bladder
B. ureters will be affected
C. openings into the bladder are shut off
D. urethra passes through its center

73. Benign prostatic hypertrophy is most common in men:

A. under 40 years
B. during adolescence
C. 50 years or older
D. between 40 to 50 years

74. Ms. Heath, a 40 year old mother of three, has experienced bleeding between menstrual periods for several months. The office nurse confirming the appointment for her should caution against:

A. choosing a date on which she expects to have vaginal bleeding
B. taking a douche immediately before coming to the doctor's office
C. taking a tub bath immediately before coming to the doctor's office
D. taking any food or fluids for eight hours prior to the visit to the doctor's office

75. Prior to a pelvic examination in the gynecologist's office, it is most important for the nurse to:

A. direct the patient to the bathroom to empty her bladder
B. administer a low enema
C. catheterize the patient for a specimen
D. scrub the perineal area with Phisohex for five minutes

76. The patient will be more relaxed and cooperative during the gynecologic examination if the nurse will:

A. leave the room during the examination
B. assure the patient that all the instruments have been sterilized
C. explain the procedure to the patient if she does not know what to expect
D. remind the patient that modesty is not important during any type of physical examination

77. The physician explains to Ms. Heath that she/he will do a Papanicolaou smear of the cervical secretions. The purpose of this test is to:

A. determine the presence of microorganisms that may be the cause of a disease
B. rule out or confirm pregnancy
C. rule out the possibility of a venereal disease
D. determine the presence of malignant cells in the cervical secretions

78. Ms. Heath's condition is diagnosed as carcinoma of the cervix in its early stages. She is immediately scheduled for a vaginal hysterectomy. This procedure involves surgical removal of the:

A. uterus and vagina through an abdominal incision
B. uterus through the vagina
C. uterus, tubes, and ovaries through an abdominal incision
D. cervix and tubes through the vagina

79. The evening before surgery, Ms. Heath receives a Zephiran douche. The purpose of this procedure is to:

A. help minimize vaginal bleeding
B. cleanse the vaginal canal
C. remove malignant cells from the vaginal canal
D. sterilize the operative area

80. During the immediate postoperative period, it is most important for the nurse to:

A. observe Ms. Heath carefully for hemorrhage which is a common complication of vaginal surgery
B. keep Ms. Heath in the Trendelenburg position to avoid strain on the sutures
C. irrigate the operative area with a normal saline solution to prevent infection
D. catheterize Ms. Heath every four hours to prevent overexpansion of the bladder

81. Ms. Heath is to receive perineal irrigations beginning the first postoperative day. Before administering the irrigations, the nurse should:

A. warm the solution to body temperature
B. assist the patient onto the commode for the procedure
C. position the patient on her abdomen
D. remove any soiled pads or dressings and discard them in the patient's wastebasket

82. Ms. Heath is also to receive a perineal light after each irrigation. In order to prevent burning the patient, it is necessary to:

A. use only a 100 watt bulb for the lamp
B. place the bulb six inches from the perineum
C. check frequently for redness and discomfort
D. always remove the lamp within 10 minutes of application

83. Ms. Heath's physician orders daily catheterization for residual urine after the retention catheter is removed. When checking for residual urine, it is most important for the nurse to:

A. catheterize the patient early in the morning before she rises
B. force fluids for several hours before the procedure
C. send the specimen to the laboratory immediately after it is obtained
D. instruct the patient to void immediately before she is catheterized

84. Ms. Heath's ovaries were not removed. The reason for leaving the ovaries intact is to:

A. allow for future pregnancies
B. provide for continuing secretion of the ovarian hormones
C. make the surgical procedure less difficult and prolonged
D. lessen the danger of hemorrhage in the postoperative period

85. Relief from minor discomforts accompanying menstruation can best be obtained by:

A. eliminating the daily bath and taking a daily laxative
B. taking a cold shower and applying an icebag to the abdomen
C. avoiding exercise and remaining in bed as much as possible
D. taking moderate exercise, avoiding tight clothing, and eating a well-balanced, nonconstipating diet

86. A definite diagnosis of gonorrhea is obtained:

A. by discovering the gonococcus in a specimen of vaginal discharge
B. from the symptoms of profuse vaginal discharge and painful urination
C. by testing the blood of the patient for gonococci
D. from an x-ray examination of the pelvic organs

87. When caring for a patient with gonorrhea, the nurse must be especially careful to avoid:

A. contact with the patient's nasal secretions
B. contact with the vaginal discharge
C. handling syringes and needles used for injections for the patient
D. coming in contact with the skin lesions of the patient

88. Syphilis is also a venereal disease and can affect:

A. only the reproductive organs
B. males only
C. the entire body as well as the genital organs
D. females only

89. The outstanding symptom of monilial vaginitis is a vaginal discharge that is:

A. purulent and foul smelling
B. watery, cheese-like, and accompanied by itching and inflammation of the vulva
C. bloody and occurring at the time of ovulation
D. blood-tinged and occurring at regular monthly intervals

90. A radical mastectomy involves removal of:

A. a tumor and its capsule
B. the entire breast and adjacent lymph nodes under the arm
C. both breasts
D. the tumor and adjacent fatty tissue

91. During the first 24 hours after a radical mastectomy, Ms. Bryant complains of numbness and swelling of the lower arm on the operative side. The nurse should know that:

A. there may be swelling under the pressure dressing causing it to become tighter and blocking circulation of blood to the arm
B. this is not unusual for patients who have had a radical mastectomy
C. this is one of the first signs of hemorrhage from the operative area
D. there has probably been some damage to the nerves in the arm and paralysis is inevitable

92. One of the simplest ways of performing necessary exercises after a mastectomy is:

A. weight lifting
B. hair brushing
C. mopping the floor
D. dusting the room

93. There are times during the postoperative period when Ms. Bryant, a mastectomy patient, becomes depressed and withdrawn. The practical nurse should realize that:

A. Ms. Bryant is probably showing the early symptoms of a psychosis
B. this is a difficult time of adjustment for most patients who have a mastectomy
C. Ms. Bryant is a very vain creature and needs flattery to get her out of this mood
D. it would be best to leave Ms. Bryant alone at the time and let her solve her own personal problems

94. Ms. Bryant asks the nurse when she will be able to obtain a prosthesis and begin wearing it. The best answer to this question would be,:

A. "When you can afford one."
B. "This will depend on the amount of scar tissue you will have."
C. "The physician must decide when healing is sufficient and the prosthesis can be worn comfortably."
D. "Some people can never adjust to a prosthesis after mastectomy."

95. Drugs used in the treatment of endometriosis include:

A. testosterone
B. antibiotics
C. anticoagulants
D. sulfonamides

96. Cancer of the fundus of the uterus occurs most commonly in:

A. menopausal and postmenopausal women
B. premenopausal women
C. women in their late twenties and early thirties
D. women who have had multiple pregnancies

97. Cancer of the vulva is a rare malignancy usually occurring in women:

A. prior to menopause
B. during menopause
C. past their sixties
D. in their early twenties

98. A vesicovaginal fistula results in:

A. fecal incontinence
B. leakage of urine from the bladder
C. leakage of fecal material into the vagina
D. continuous leakage of urine from the vagina

99. The postoperative care of the patient with an anterior or posterior colporraphy will include:

A. frequent changes of the perineal dressing
B. perineal care several times a day and each time the patient urinates or defecates
C. catheterization for residual urine beginning the first postoperative day
D. reinforcement of the surgical dressing as needed

100. Surgery for relaxed pelvic muscles may not be practical because of the patient's age; therefore, a ring pessary may be inserted. The pessary is usually changed:

A. daily
B. weekly
C. every six weeks
D. yearly

101. Ms. Sherman, age 44, is admitted to the hospital for a hysterectomy. She has had uterine fibroids for approximately six years but has recently started experiencing very heavy flow during her period. She now requires the removal of the fibroids and uterus. The most common symptoms of uterine fibroids is:

A. amenorrhea
B. fever
C. menorrhagia
D. pain

102. Ms. Sherman has an indwelling catheter is inserted preoperatively to:

A. measure bladder capacity prior to surgery
B. measure bladder capacity during surgery
C. minimize the chance of injuring the bladder during surgery
D. make it easier for the nurse to measure the urinary output during the postoperative period

103. Following surgery Ms. Sherman's indwelling catheter is connected to closed drainage. Intake and output are measured. Should signs of oliguria or anuria occur, the patient may have:

A. renal shutdown due to the sudden hormonal change caused by surgery
B. a surgical injury to the bladder or a ligated ureter
C. abdominal edema blocking the flow of urine
D. stasis of urine

104. When Ms. Sherman's catheter is removed, there is an order for catheterization after each voiding to:

A. note the amount of residual urine
B. check for urinary tract infection
C. accurately measure all urinary output
D. check for bleeding in the urinary tract

105. Antiembolitic stockings are applied to prevent:

A. leg cramps
B. thrombophlebitis
C. footdrop
D. postoperative varicosities

106. The survival rate for breast cancer is lower if:

A. the patient is past menopause
B. the patient is under 40
C. there is lymph node involvement
D. there is an associated fibroadenoma

107. The VDRL is a standard screening test for:

A. gonorrhea
B. syphilis
C. lymphogranuloma inguinale
D. chancroid

108. The clamping or clipping of the vas deferens best describes:

A. tubal ligation
B. silastic implant
C. vasectomy
D. coitus interruptus

ANSWER SHEET
REPRODUCTIVE SYSTEM

1. B
2. B
3. A
4. D
5. A
6. C
7. C
8. C
9. B
10. C
11. D
12. B
13. B
14. D
15. C
16. B
17. D
18. D
19. B
20. B
21. B
22. B
23. C
24. C
25. A
26. D
27. D
28. A
29. A
30. D
31. B
32. D
33. C
34. B
35. B
36. A
37. D
38. C
39. A
40. A
41. D
42. B
43. D
44. A
45. D
46. A
47. B
48. A
49. D
50. B
51. A
52. B
53. B
54. C
55. A
56. B
57. C
58. A
59. D
60. A
61. A
62. B
63. A
64. C
65. C
66. B
67. B
68. C
69. C
70. D
71. C
72. D
73. C
74. A
75. A
76. C
77. D
78. B
79. B
80. A
81. A
82. C
83. D
84. B
85. D
86. A
87. B
88. C
89. B
90. B
91. A
92. B
93. B
94. C
95. A
96. A
97. C
98. B
99. B
100. C
101. C
102. C
103. B
104. A
105. B
106. C
107. B
108. C

RESPIRATORY

RESPIRATORY

SECTION E
MEDICAL SURGERY
UNIT III
RESPIRATORY

1. One of the most important steps for the nurse to take in helping a patient maintain adequate respiration is:

   A. administering oxygen
   B. administering respiratory stimulants
   C. proper positioning of the patient
   D. administering artifical respiration

2. When caring for a patient with a tracheostomy, the nurse must remember that:

   A. the patient with a new tracheostomy will not aspirate mucus as easily as one who does not have a tracheostomy
   B. the outer cannula must be removed and cleaned thoroughly as soon as it appears plugged
   C. secretions must be removed frequently
   D. the patient cannot call for help until she/he has been taught to cover the opening of the tracheostomy tube when speaking

3. Which of the following may be considered to be true in the care of the critically ill?

   A. The minister is the only person who can offer emotional support to the patient and family
   B. The patient and family should not depend on the nurse for moral support
   C. Nurses should ignore emotional situations and tend to the physical needs of the patient
   D. The nurse's attitude and personal philosophy of life will be reflected in his/her actions as she/he cares for the critically ill

4. Morphine poisoning is indicated by which of the following signs?

   A. Hypertension
   B. Abnormally slow respiration rate and pinpoint pupils
   C. Increased respiration rate and dilated pupils
   D. Tachycardia

5. Chronic disease in which there is a dilatation of one or more bronchi is:

   A. emphysema
   B. bronchiectasis
   C. bronchitis
   D. asthma

6. All of the following statements about asthma are true except that:

   A. the mucous membrane lining the bronchioles becomes swollen and secretes excess mucus
   B. when an allergen reaches them, muscles around the bronchioles become spastic
   C. pyridium is a common anthihistamine used in treatment
   D. emotional stress may bring on an attack

7. When caring for a patient with a tracheotomy, the inner cannula is:

   A. changed every 15 minutes during the first 24 hours
   B. cleaned under running water every eight hours
   C. never removed
   D. cleaned using sterile technique

8. When caring for the patient with water seal drainage, which of the following is not necessary?

   A. Milking the chest tubes
   B. Turning, coughing, and deep breathing
   C. Keeping the drainage bottle below the level of the head
   D. Keeping the obturator at the bedside

9. In order for the patient with a tracheotomy to receive adequate ventilation using a mechanical respirator, it is not necessary to:

   A. inflate the balloons around the tracheotomy tube
   B. be sure the tracheotomy tube is free of mucous plugs
   C. be sure the patient is alert and responsive
   D. have personnel specially trained in use of ventilation therapy

10. Postoperative care of the tonsillectomy patient includes placement in which the following positions?

   A. Lithotomy
   B. Trendelenburg
   C. Sims's
   D. Fowler's

11. The pneumonectomy patient should turn from:

   A. side to back
   B. back to affected side
   C. back to unaffected side
   D. back to front

12. An early sypmtom of cancer of the larynx is:

A. hemoptysis
B. epistaxis
C. hematemesis
D. hoarseness

13. Abnormal enlargement of air spaces with resultant loss of elasticity is found in:

A. bronchiectasis
B. emphysema
C. coryza
D. tuberculosis

14. The cilia:

A. increase secretions during inflammation
B. collect excess mucus
C. prevent localization of an infection
D. trap and help remove small foreign particles that are inhaled

15. A common side effect of using antihistamines is:

A. loss of appetite
B. diarrhea
C. extreme drowsiness
D. low-grade fever

16. An example of a sedative cough mixture is:

A. elixir of terpin hydrate
B. elixir of terpin hydrate with codeine
C. Robitussin
D. SSKI-saturated solution of potassium iodide

17. The nurse can expect a patient with a chronic lung disorder such as emphysema to have sputum that is:

A. thick and tenacious
B. thin and watery
C. blood-tinged
D. highly contagious

18. Intermittent positive pressure breathing is a type of therapy that often is ordered for patients with chronic lung disease. This therapy is used for patients of this type chiefly to:

A. provide more aeration and expansion of the lungs than is possible without such assistance
B. control the patients respirations so that they are faster and more shallow
C. adminster cool moist air to the upper bronchi
D. adminster disinfectant solutions to the infected areas of the lungs

19. A common symptom of asthma is:

A. spitting of blood
B. constant low-grade fever
C. wheezing respirations
D. decrease in the respiratory rate

20. The primary cause of asthma is thought to be a/an:

A. bacterial infection
B. viral infection
C. congenital defect of the lungs
D. allergy to certain substances which is aggravated by emotional upsets

21. Epinephrine and aminophylline are used in the treatment of asthma because they:

A. dilate the bronchi
B. thin bronchial secretions
C. are expectorants
D. are antihistamines

22. The causative organism of tuberculosis is the tubercle:

A. spirochete
B. bacillus
C. staphylococcus
D. streptococcus

23. Pneumonectomy is surgical removal of:

A. a lobe of the lung
B. an entire lung
C. a growth located in the lung
D. one or more of the alveoli of the lung

24. Lobectomy is:

A. surgical removal of a lobe of the lung
B. an incision into the pleural cavity for the purpose of drainage
C. surgical removal of an entire lung
D. an incision into the lung for the purpose of drainage

25. When caring for a patient with a new tracheotomy, the nurse must be constantly be alert for:

A. symptoms of hemorrhage from the lungs
B. loss of consciousness due to lack of oxygen
C. respiratory difficulty caused by obstruction of the tube
D. a drop in blood pressure as a symptom of shock

26. Infections of which area represent the most common of all illnesses?

A. Upper digestive system
B. Lower respiratory tract
C. Upper respiratory tract
D. Lower digestive tract

27. The most usual cause of epistaxis is:

A. a deviated septum
B. a perforated septum
C. cancer and trauma
D. "picking" of the nose

28. The chief post-op complication of plastic surgery on the nose is:

A. hemorrhage
B. dyspnea
C. edema
D. infection

29. The most prominent symptom of a patient with sinusitis is:

A. dyspnea
B. pain
C. hemoptysis
D. blurred vision

30. When a patient is returned to the room following a tonsillectomy and adenoidectomy, he/she should be placed:

A. in the prone position with head to side
B. in Fowler's position
C. in the supine position
D. however she/he desires

31. Which of the following should not be included on a T & A diet?

A. Ice cream
B. Jello
C. Seven-up
D. Orange juice

32. The chief danger following a T & A is:

A. dehydration
B. shock
C. hemorrhage
D. nausea and vomiting

33. The chief means of determining the causative organism of pharyngitis is a:

A. throat culture
B. routine urinalysis
C. routine CBC
D. stool specimen

34. Acute laryngitis is manifested by all of the following except:

A. horseness
B. complete loss of voice
C. severe cough
D. dyspnea

35. The most effective means available for reducing spasm in the pharyngeal muscle and relieving soreness of the throat is:

A. an ice collar
B. warm irrigations
C. analgesic drugs
D. oral hygiene

36. In providing nursing care to a patient with pleurisy, what can the nurse suggest to make the patient more comfortable?

A. "Lie on the affected side in order to splint the chest wall."
B. "Lie on the unaffected side in order to splint the chest wall."
C. "Get in a semi-Fowler's position."
D. "Position yourself as you like."

37. Which of the following is not considered a chronic obstructive pulmonary disease?

A. Asthma
B. Emphysema
C. Bronchitis
D. Laryngitis

38. Blows on the anterior chest, stab wounds, and crush injuries may cause bleeding into the pericardial sac with resultant compression of the heart. This is know as:

A. wet lung syndrome
B. cardiac tamponade
C. subcutaneous emphysema
D. sucking wounds

39. The Mantoux test is used to help diagnose:

A. histoplasmosis
B. empyema
C. tuberculosis
D. pneumonia

40. The most important treatment for a common cold if the patient has a fever is:

A. bedrest
B. analgesic drugs
C. antibiotics
D. vitamin C

41. The two body systems that share the responsibility for supplying an adequate amount of oxygen to all the cells of the body are the:

A. muscular and respiratory systems
B. circulatory and respiratory systems
C. circulatory and skeletal systems
D. digestive and respiratory systems

42. Coughing up blood or blood streaked sputum is called:

A. hemoptysis
B. hematemesis
C. hematoma
D. epistaxis

43. The secretion produced by the membrane lining of the respiratory tract is called:

A. cilia
B. mucus
C. mucous
D. sputum

44. Complications involving the lungs and the circulation can be prevented postoperatively if:

A. respiration is checked often
B. position is changed often and deep breathing is carried out
C. blood pressure is checked often until it is stable
D. IV fluids are not allowed to run too fast

45. The most important precaution to take if an accurate count of respirations is to be obtained is to:

A. count them without the patient's knowledge
B. wait until the patient is relaxed
C. use a watch with a secondhand
D. take the temperature first

46. One effect of an expectorant cough medicine is to:

A. lower the cough reflex
B. stop symptoms
C. reduce swelling of the mucous membranes
D. to liquify bronchial mucus

47. A cough medicine that is used to loosen mucus and stop tickling in the throat cannot be effective if it is given:

A. with water
B. every time the patient coughs
C. when there is food in the stomach
D. while the patient is at rest

48. Codeine is given to the patient with a continuous, unproductive cough for the purpose of:

A. loosening the cough
B. allowing the patient to get some rest
C. putting the patient to sleep
D. relieving chest pains

49. A major concern in the nursing care of the acutely ill pneumonia patient is to provide for:

A. improved circulation through coughing
B. stir-up exercises
C. rest
D. an increased oxygen supply

50. If the practical nurse is ready to give a pneumonia patient a stat order of streptomycin and the patient says, "I hope that isn't streptomycin; I'm allergic to it," the nurse should recognize the need to:

A. give the shot and report the patient's comment to the head nurse
B. do a sensitivity test and then give the medicine
C. notify the charge nurse
D. omit the dose until the doctor sees the patient

51. The administration of oral medications to an unconscious patient can produce an aspiration pneumonia because:

A. the epiglottis allows material to pass into the trachea
B. they flood the sinus cavities
C. the pleura become filled with the fluid
D. the epiglottis directs the food or fluid into the esophagus

52. Lipid pneumonia may follow the aspiration of:

A. sputum
B. fruit juices
C. blood
D. oily nose drops

53. The usual reason for sending a sputum specimen to the laboratory is to:

A. determine the kind of bacteria present in the lungs
B. determine the symptoms of the patient
C. find out whether bacteria are present in the nose and throat
D. help the doctor decide which medicine will help the patient

54. If accurate information regarding a lung desease is to be obtained from a sputum specimen, the patient must be instructed to:

A. expectorate in an emesis basin
B. clear the throat with each cough
C. collect the first secretions in a paper tissue
D. cough up secretions from the bronchi

55. Observations the nurse will make on sputum which will go to the lab include:

A. temperature of the specimen
B. color and consistency of the specimen
C. condition of the patient
D. position the patient was in at the time the specimen was collected

56. In an effort to prevent atelectasis in a postoperative patient, the nurse would be sparing in the administration of:

A. analgesics
B. sedatives
C. expectorants
D. morphine

57. When a patient has pleurisy, the practical nurse will expect complaints of:

A. sudden chest pain accompanying a short dry cough
B. general discomfort
C. fever and a fast pulse
D. nausea and loss of appetite

58. The fluid that collects in some types of pleurisy is located:

A. in the alveoli
B. in the bronchi
C. between the lobes of the lung and chest wall
D. between the lung lining and the chest wall

59. Bronchiectasis is a complication of repeated attacks of severe bronchitis. The severe and excessive coughing is responsible for:

A. chronic inflammation of the bronchial walls
B. the aspiration of infectious materials
C. stretching the diaphragm
D. weakening and stretching the bronchioles

60. The chronic, forceful cough of the asthma patient may produce an emphysema because:

A. infected material has been aspirated
B. chronic stretching of the alveoli lessens the force of exhaling
C. of chronic atrophy of the diaphragm
D. the plugged bronchioles decrease the oxygen intake

61. In emphysema large air sacs replace the small alveoli. A characteristic respiratory symptom is:

A. shallow inhalation
B. long and difficult expiration
C. diaphragmatic breathing
D. pallor

62. The more the patient understands about the cause and the spread of tuberculosis, the:

A. more fightened the patient will become
B. easier it will be to talk about the patient's fears
C. easier it will be to follow the rules of care
D. more the patient will realize that there is little to do except remain in the hospital

63. The tubercle bacillus trapped in the tubercle is considered to be dormant. This means that the germ is:

A. dead
B. weakened
C. very actively reproducing itself
D. inactive

64. Most tubercle bacilli enter the human body through the process of:

A. ingestion
B. inhalation
C. absorption
D. assimilation

65. A toxic symptom of streptomycin that would make it dangerous to continue giving the medication is:

A. vomiting
B. diarrhea
C. dizziness
D. deafness

66. The patient should be prepared to expect some unpleasant side effects from streptomycin. One such symptom is:

A. tenesmus
B. dizziness
C. loss of memory
D. diarrhea

67. If given streptomycin for any length of time the patient may complain of:

A. loss of appetite
B. nausea and vomiting
C. mental confusion and disorientation
D. tenderness at the injection site

68. A special effort should be made to give PAS at mealtime. If it is not taken then, the nurse can expect the patient to complain of:

A. constipation
B. dizziness
C. stomach discomfort
D. ringing in the ears

69. An important point for the practical nurse to remember when encountering a closed chest drainage apparatus is that the:

A. apparatus must always be kept airtight
B. nurse should refuse to perform any act of nursing care for a patient with closed chest drainage
C. care of the apparatus is usually the responsibility of the physician
D. patient must remain in bed

70. A medication given with oxygen to aid in loosening respiratory secretions is:

A. Alevaire
B. Alidase
C. Aminophylline
D. Ananase

71. The upper respiratory tract includes the:

A. nose, throat, and sinuses
B. nose, throat, sinuses, and larynx
C. nose, throat, sinuses, larynx, and trachea
D. nose and throat

72. The term malaise means:

A. breathing through the mouth
B. a generalized feeling of discomfort
C. swelling of the neck glands
D. dizziness

73. The action of Crysticillin is:

A. antibiotic
B. antidote
C. antipruritic
D. antacid

74. The occurrence of cyanosis in patients with emphysema may indicate:

A. concentration of carbon dioxide in the blood
B. acute urinary retention
C. viral pneumonia
D. excessive cigarette smoking

75. Drugs known as bronchodilators are administered by nebulization to:

A. prevent cardiac failure
B. provide relaxation of bronchial muscles
C. thin the bronchial secretions
D. eliminate the need for tracheotomy

76. Emphysema is more common in:

A. children
B. young men
C. women
D. older men

77. The primary symptom of emphysema is:

A. cyanosis
B. varicose veins
C. tachycardia
D. chronic shortness of breath

78. The primary purpose of steam inhalations is to:

A. stimulate coughing
B. increase perspiration
C. thin respiratory secretions
D. prevent complications

79. The purpose of the sputum examination for a pneumonia patient is to determine:

A. the specific organism causing the pneumonia
B. how long the infection has been present
C. the kind of antibiotic that should be given
D. the presence of empyema

80. If the practical nurse observes that the pneumonia patient appears cyanotic, the nurse should:

A. start oxygen by mask
B. report it to the professional nurse or the physician
C. realize that it may occur and therefore is not important
D. notify the physician that the patient's condition has become serious

81. The nurse would expect a pleurisy patient to complain of:

A. pain
B. nausea
C. pruritus
D. diarrhea

82. When the amount of oxygen entering the alveoli is more that the body needs, the condition involves:

A. exchange of gases
B. hyperventilation
C. residual capacity
D. hypoventilation

83. When a patient is unable to breathe except when sitting up, he/she is said to be:

A. orthopneic
B. dyspneic
C. hypocapnic
D. apneic

84. The most common respiratory illness is:

A. laryngitis
B. acute coryza
C. pneumonia
D. tonsillitis

85. Persons most likely to develop pneumonia if they have influenza are:

A. men
B. women
C. elderly persons
D. teenagers

86. During the surgical procedure, a thoractomy tube is inserted and later attached to a closed drainage apparatus. A thoractomy tube allows for drainage from the:

A. trachea
B. thoracic cavity
C. thoracic artery
D. remaining portion of the bronchi

87. When transferring a patient with a chest tube, it is most important that the:

A. tube be disconnected from the drainage bottle
B. physician be present in case hemorrhage occurs
C. drainage bottle be placed on a standard above the patient's bed
D. drainage bottle be kept below the level of the patient's chest

88. Any patient with a respiratory disease described as chronic and progressive must be taught the importance of avoiding:

A. alcoholic drinks
B. milk and eggs
C. recreation
D. upper respiratory diseases

89. In chest drainage, the chest catheter is attached to:

A. a bottle that is above the level of the bed
B. a tube that is submerged in water
C. a tube that is not submerged in water
D. the suction apparatus

90. When a patient develops pneumonia as a result of staying in one position too long, the condition is known as:

A. bronchopneumonia
B. lobar pneumonia
C. hypostatic pneumonia
D. cardiac pneumonia

91. The patient with a nonproductive cough should be:

A. encouraged to cough up the secretions
B. be given a sputum cup and instructed in its use for the collection of secretions
C. discouraged from coughing
D. given an expectorant

92. A condition in which the lungs are poorly ventilated because of a lose of elasticity in the alveoli is called:

A. pleurisy
B. pulmonary emphysema
C. pneumonia
D. empyema

93. The nursing procedure frequently used in the treatment of bronchiectasis is:

A. nasal irrigation
B. postural drainage
C. oxygen therapy
D. carbon dioxide therapy

94. When a patient has had a bronchoscopy, fluids are withheld:

A. until normal swallowing reflexes have returned
B. until the patient asks for them
C. for at least six hours
D. until the dye has been drained out

95. Antihistamines:

A. decrease contraction of the bronchioles
B. fight infection
C. cure the common cold
D. help dry up nasal secretions

96. The cough and dyspnea that are present in acute bronchitis are best relieved by:

A. the inhalation of moist heat
B. the inhalation of dry air
C. antibiotics
D. oxygen

97. All of the following are characteristics of acute bronchitis except:

A. the onset is usually rapid
B. it is usually a complication of a common cold
C. the patient complains of body aches
D. a cough is not present

98. A patient with bacterial pneumonia may manifest all of the following except:

A. chill
B. rapid pulse
C. chest pain
D. subnormal temperature

99. The aims of treatment for a patient with pnuemonia include all of the following except:

A. limiting food intake
B. conservation of the patient's strength
C. control of infection
D. relief of symptoms

100. The nursing care for a patient with pneumonia should include all of the following except:

A. limiting the amount of fluid intake
B. keeping the patient warm
C. carrying out isolation precautions when ordered
D. checking vital signs frequently

101. The sputum of pneumonia is usually:

A. watery
B. rust-colored
C. yellow
D. green

102. Postural drainage:

A. is best accomplished with the patient in Fowler's position
B. decreases the production of sputum
C. requires the use of a croup tent
D. should be done before breakfast

103. The barrel-shaped chest is a symptom characteristic of patients with:

A. emphysema
B. pleurisy
C. empyema
D. pneumonia

104. When caring for a patient with closed chest drainage, all of the following are important nursing responsibilities except:

A. never raising the drainage bottle above the level of the surgical incision
B. pinning the tubing to the patient's clothing
C. seeing that drainage always remains airtight
D. seeing that tubing is never disconnected

105. The principle symptom of pleurisy is:

A. coughing
B. elevated temperature
C. sharp chest pains
D. nausea

106. Removal of fluid from the pleural cavity is called a:

A. paracentesis
B. thoracentesis
C. bronchoscopy
D. bronchogram

107. For a chest X-ray:

A. no special preparation is necessary other than dressing the patient in an x-ray gown
B. the patient must have nothing by mouth for at least eight hours
C. the patient is given a cleansing enema the morning of the X-ray
D. a special dye is injected into the trachea

108. An exam in which a special instrument is used to visualize the interior surface of the trachea and bronchi is called a:

A. bronchogram
B. bronchoscopy
C. cystoscopy
D. laryngectomy

109. The nurse can help eliminate anorexia by giving:

A. a double dose of vitamins each day
B. frequent mouth care, especially before each meal
C. a liquid diet
D. intravenous fluids containing minerals and vitamins

110. Pneumonia is best defined as an inflammation of the:

A. alveoli
B. pleura
C. tissues of the lung
D. bronchi and bronchioles

111. The usual mode of transmitting tuberculosis is by:

A. inhalation of droplets
B. indirect contact
C. contact with insects
D. contact with animals

112. A positive diagnosis of tuberculosis is made by a:

A. blood count and x-ray exam
B. sputum exam and x-ray exam
C. gastric analysis and blood count
D. pleural cavity aspiration and gastric washings

113. Caseation refers to:

A. a method of healing
B. formation of nodules in the lung
C. necrosis of lung tissue
D. cheese-like material that fills a walled area in the lung

114. When instructing a patient in the use of tissues, it is most important to:

A. recommend a well-known brand
B. warn the patient to cover the mouth when coughing and/or sneezing
C. warn the patient to cover the nose when coughing and/or sneezing
D. warn the patient to cover both nose and mouth when coughing and/or sneezing

115. Symptoms of respiratory distress include:

A. increase in respirations and cyanosis
B. difficult respiration and raised blood pressure
C. increase in appetite and headache
D. increase in RBC's and raised blood pressure

116. Psychological care of patients with respiratory dysfunction should include:

A. explaining procedures to patients while maintaining a calm and quiet atmosphere
B. maintaining a calm and quiet atmosphere
C. refraining from smoking in the patient's room
D. limiting the number of family visits

117. Tests to diagnose respiratory diseases include:

A. blood, sputum, and NPN
B. Mantoux test, NPN, and blood studies
C. NPN, pulmonary function, and gastric washings
D. X-rays, throat culture, and blood studies

118. Disorders of the nose which may require surgery include:

A. deformities of the nose, rhinoplasty, and sinusitis
B. deviated septum and nasal polyps
C. sinusitis, deviated septum, and nasal polyps
D. acute coryza and rhinitis

119. Postoperative nursing responsibilities for patients with nasal surgery include:

A. keeping the head flat
B. observing for both external and internal hemorrhage
C. removing nasal packing often
D. observing for difficulty in moving

120. Infectious conditions involving the lungs include:

A. pneumonia and bronchitis
B. the common cold and sinusitis
C. the common cold and laryngitis
D. the common cold and pharyngitis

121. Pulmonary emphysema is considered a noninfectious respiratory condition. The causes include:

A. air pollution, smoking, and aging
B. bronchial asthma, sinusitis, and pharyngitis
C. bronchial asthma, aging, and colitis
D. sinusitis and bronchial asthma

122. Cancer of the lung is:

A. on the decrease
B. appearing early in life
C. on the increase and appearing most often after age forty
D. on the increase

123. Cancer of the larynx:

A. affects women more often than men
B. does not occur
C. usually occurs after age forty-five and affects more men than women
D. may be due to a hereditary tendency and occurs early in life

124. Tergemist and Alevaire are administered by:

A. mouth
B. nasal spray
C. inhalation
D. injection

125. Hemoptysis is a medical term to describe:

A. emesis of blood
B. spitting up of blood
C. thick, tenacious mucus
D. pleural effusion

126. The doctor wants an X-ray of the patient's bronchial tree. The patient is taken to X-ray where a radiopaque oil is introduced into the trachea. This procedure is called a:

A. venoscope
B. anteriogram
C. bronchogram
D. cystogram

127. Mr. Abbott was treated with a medication to make breathing easier. The doctor orders epinephrine which is a/an:

A. bronchodepressant
B. anticoagulant
C. bronchodilator
D. antihistamine

128. When a mucus plug or blood clot stops the underwater tube from draining, the nurse should:

A. turn the machine up to 70 for 10 minutes
B. "milk" the tubing
C. wait for two hours to see if it becomes dislodged
D. disconnect the tube and irrigate it

129. The spread of an upper respiratory infection through the eustachian tube will cause:

A. tonsillitis
B. laryngitis
C. an ear infection
D. pleurisy

130. Stuffiness in the nose during a cold is caused by:

A. breathing through the mouth
B. swelling and congestion of the mucous membranes
C. inflammation of the sinuses
D. anemia of the part

131. Complications involving the lungs and circulation may be prevented postoperatively if:

A. respiration is checked often
B. the position is changed often and deep breathing is carried out
C. the blood pressure is checked often until it is stable
D. IV fluids are not allowed to run too fast

132. Codeine is effective in the relief of cough because it acts on the:

A. cough reflex in the brain
B. swallowing reflex in the larynx
C. mucous membrane of the bronchi
D. alveoli directly

133. When cough medicines are given to soothe irritated tissue of the throat, the action is described as:

A. selective
B. local
C. systemic
D. depressive

134. When the pneumonia patient runs a temperature of 105°F, the increased rate of metabolism requires a diet that:

A. forces fruit juices
B. is high in calories and high in CHO
C. is high in protein and high in fat
D. keeps some food in the stomach at all times

135. A major concern in the nursing care of the acutely ill pneumonia patient is to provide for:

A. improved circulation through coughing
B. stir-up exercises
C. rest
D. an increased oxygen supply

136. When a high temperature quickly drops to normal or below, the process is described as:

A. lysis
B. regular
C. fever
D. crisis

137. The greatest amount of sputum will probably be coughed up:

A. after the noon meal
B. at bedtime
C. early in the morning
D. after all medications have been given

138. Rinsing the patient's mouth before obtaining a sputum specimen is important in order to help:

A. wash away all traces of medicines
B. remove food particles and mouth bacteria
C. keep the collecting container free of contamination
D. keep bacteria from the various parts of the respiratory system from mixing

139. Any time a patient has pain so great he/she will not do deep breathing exercises or allow her/his position to be changed, atelectasis may follow because:

A. stretching of the bronchi increases the accumulation of secretions
B. the intercostal muscles and the diaphrahm lose elasticity
C. alveoli in the lowest part of the lung are not filled with air on shallow inspiration
D. pressure of fluid in the pleural cavity contracts the alveoli

140. The breathing difficulty in atelectasis is the result of the poor exchange of oxygen and carbon dioxide because:

A. the alveoli are filled with fluid
B. the bronchi are plugged
C. there is a tracheal obstruction
D. the alveoli are collapsed

141. If only small bronchioles are plugged there may not be enough symptoms to diagnose atelectasis until:

A. pus accumulation forms an abscess
B. collapsed alveoli become infected
C. an autopsy is performed
D. the condition becomes systemic

142. When the dry pleura rub back and forth, as in pleurisy, the nurse can expect that pain will cause the patient's breathing to be:

A. deep but slow
B. shallow
C. orthopneic
D. intermittent

143. Irritation of the mucous membrane lining the bronchi will result in:

A. elevation of temperature
B. rapid pulse
C. a cough
D. hemoptysis

144. Emphysema is a chronic, progressive disease. The patient should understand that:

A. there is no cure
B. he/she cannot live very long
C. all activity must be stopped
D. only surgical removal of affected tissue will give relief

145. Efforts to discover cancer in the outer part of the lung in time to effect a cure requires:

A. paying careful attention to all warning symptoms
B. an annual physical examination
C. treating every cough as if it were a warning symptom
D. a chest X-ray every six months

146. Metastic tumors of the lungs are frequent since the blood stream brings free cancer cells from:

A. the heart
B. all parts of the body
C. the lymphatics
D. the bone marrow

147. In cancer of the respiratory tract, the one thing that can improve the prognosis most is:

A. emotional stability
B. X-ray irradiation
C. surgical removal
D. early diagnosis

148. Cigarette smoke is considered a predisposing cause of lung cancer because the tars in cigarettes:

A. poison the system
B. destroy lung cells
C. prevent oxygen from reaching the alveoli
D. irritate lung tissue

149. Since the causes and the method of spread are known, tuberculosis is a disease that can be classified:

A. preventable
B. acute
C. congenital
D. functional

150. If the chest X-ray reveals active tuberculosis in one member of a family, an effective safeguard of the public health would require:

A. a survey of all the people who worked for the same company
B. sterilization of all public transporatation used by the person
C. X-rays of immediate family members
D. quarantine of the whole family

151. When an infant develops tuberculosis, the assumption is usually correct that contact with the germs came:

A. through the birth canal
B. from the baby's home
C. from the newborn nursery
D. from the germ plasm

152. The best way to get tuberculosis under control and stop the increase in the number of persons with the disease is to:

A. reassure the patient and family
B. find the unknown cause
C. keep young children from being exposed
D. increase the facilities for the care of active cases

153. Tuberculosis is never considered cured because even though the bacilli have been sealed up by the body because it is possible:

A. for them to keep the patient in ill health
B. to pass them on to other people
C. for the bacilli to fight their way through the walls of the tubercles
D. for the germs to again become active if body resistance gets low

154. Antibiotic therapy may be prescribed for individuals with a cold:

A. if they have had repeated colds within a short period of time
B. if the cold occurs during the typical "cold and flu" season
C. when the cold lasts more than a week
D. as a prophylactic measure in those with a tendency to develop secondary infections

155. The usual treatment of rib fractures is:

A. support of the chest with an elastic bandgae or adhesive strapping
B. application of a cast
C. administration of antibiotics
D. application of a sling type support to the chest and arms to limit motion of the chest and arms

156. Penetrating wounds of the chest are very serious and require immediate first aid because an open wound may:

A. result in bleeding
B. permit air to enter the thoracic cavity
C. cause infection
D. result in severe pain

157. An important first aid measure in the treatment of penetrating wounds of the chest is:

A. covering the wound with sterile gauze
B. giving the patient oxygen
C. applying an airtight dressing over the wound
D. relieving pain

158. Following a penetrating wound of the chest, surgery may be necessary to remove or repair injured tissues. This surgery is called a:

A. thoracentesis
B. thorectomy
C. thoracotomy
D. pneumonectomy

159. Symptoms of pneumonia is usually include:

A. severe, sharp chest pain
B. slowing of the pulse
C. decreased respiratory rate
D. pale, cool skin

160. The diagnosis of pneumonia is usually made by:

A. bronchogram
B. respiratory function studies
C. sputum cultures
D. patient's medical history

161. The specific antibiotics for treatment of pneumonia will depend upon the:

A. sensitivity of the causative organism to the drug used
B. seriousness of the illness
C. symptoms the patient exhibits
D. cost of the antibiotic

162. To help liquify secretions, the air around the patient with pneumonia should be:

A. cooled
B. warmed
C. humidified
D. dried

163. A pneumonia patient's rectal temperature is 104°F. The physician decides to order hypothermia measures which could include the use of:

A. tepid sponges
B. hyperthermia blanket
C. humidification of the air
D. iced alcohol baths

164. Allergic rhinitis is caused by:

A. allergy to a specific antigen
B. any irritating substance found in the air
C. sneezing
D. viruses

165. In allergic rhinitis, the tissues of the nose swell and there is itching and a watery discharge. These symptoms are caused by:

A. the irritant directly affecting the nasal mucosa
B. the localized effect of antihistamines
C. the immediate release of histamine
D. mucous cells reacting to an antibody

166. Medical treatment of chronic bronchitis is generally directed toward the:

A. prevention of recurrent irritation of the bronchial mucosa
B. adjustment to a different way of life
C. clearing the trachea and bronchi of the mucus and secretions
D. keeping the patient symptom-free by eliminating all pollutants and irritants from the environment

167. Unless the physician specifically states otherwise, patients who have had a pneumonectomy are not:

A. turned on the operative side
B. turned on the unoperative side
C. allowed to lie on their backs
D. allowed in a semi-Fowler's position

168. Mr. Johnson has pulmonary emphysema, a chronic obstructive respiratory disorder. In this disease there are specific morphologic changes in and of the:

A. bronchi
B. bronchioles
C. alveoli
D. pleura

169. While the exact cause of chronic obstructive pulmonary disease is unknown, many patients have a history of:

A. chronic bronchitis
B. pneumonia
C. tuberculosis
D. sore throat

170. The first sign of chronic obstructive pulmonary disease is usually:

A. headache
B. dry cough
C. mental confusion
D. exertional dyspnea

171. Mr. Johnson is given aminophylline in an effort to:

A. liquify bronchial secretions
B. reduce coughing episodes
C. dilate the alveoli
D. reduce bronchospasm

172. Mr. Johnson coughs frequently and raises thick, tenacious sputum. Drugs or treatments that may be used to enhance the removal of excess secretions include:

A. antitussives
B. postural drainage
C. air conditioning of the environment
D. decreased humidity

173. If it becomes necessary to give Mr. Johnson oxygen, it is best given by:

A. a mask at four to five liters per minute
B. nasal cannula at two to three liters per minute
C. nasal cannula at six to eight liters per minute
D. mask at one to two liters per minute

174. Mr. Johnson is to be taught abdominal breathing. When breathing in this manner:

A. the chest remains still and the abdomen rises and falls with each breath
B. both the chest and the abdomen move simultaneously
C. the patient alternates his breathing pattern: first using chest muscles, then abdominal muscles
D. the abdominal muscles are pulled in while the chest expands

175. The nurse's first concern in making a patient with COPD (chronic obstructive pulmonary disease) more comfortable would be to have the patient:

A. lie down in bed
B. placed in Fowler's position
C. tell the nurse the best position for him/her
D. sit in bed leaning on pillows on or over bed table

176. The nurse will administer the antibiotics ordered for COPD patients because they need medication to prevent:

A. infections
B. chronic inflammation
C. emotional stress
D. bronchial obstruction

177. The COPD patient is served less at each meal, but served meals more often than other patients because:

A. frequent feedings are the best means of building up the undernourished person
B. breathing distress causes the diaphragm to press on the stomach thus making it smaller
C. preventing distention of the stomach helps to prevent breathing problems
D. small, frequent feedings help the poor appetite by stimulating the digestive juices at more frequent intervals

178. Potassium iodide would help the COPD patient to:

A. cough less
B. breathe more easily
C. eat less
D. expectorate more

179. The COPD patient receives ephedrine sulfate to:

A. depress the cough reflex
B. liquify mucus
C. increase mucus secretions
D. dilate the bronchioles

180. The COPD patient should learn the principles of bronchial hygiene in order to live a more normal life. Bronchial hygiene means:

A. removing pulmonary secretions
B. getting out in the fresh air
C. taking cough medicine regularly
D. practicing postural drainage

181. The nurse notes that Mr. T., a tuberculosis patient, is very depressed. He tells the nurse that he knows he will never get well. Which of the following is the best response for the nurse to make?

A. "You have nothing to worry about. It is easy to cure early tuberculosis."
B. "You are fortunate that this was discovered early, because early tuberculosis can be cured."
C. "It will take a long time, but you can get well."
D. "Many people live to a ripe old age with tuberculosis."

182. Mr. T. is worried about his children. He says, "My mother died from tuberculosis 15 years ago, and now my children will have it too." The nurse would respond best by saying,:

A. "Yes, tuberculosis is inherited, but with treatment your children will be cured."
B. "Tuberculosis is not inherited, but it is passed on from one person to another."
C. "Since your condition has been diagnosed early, your children won't contract tuberculosis."
D. "Don't worry about your children. We want to concentrate on geting you well."

183. The Clinic calls in Mr. T.'s family for Mantoux tests. All have a a positive test. This means that they:

A. have had a primary infection of tuberculosis
B. all have active cases of tuberculosis infection
C. are free of tuberculosis infection
D. are immune to tuberculosis and cannot contract the disease

184. The factor that probably played the most important part in Mr. T.'s contracting the disease was:

A. his mother's having tuberculosis
B. the type of work that he was doing
C. his age
D. his lowered resistance due to poor personal hygiene

185. The nurse shows Mr. T. how to use tissues to cover his mouth and nose when he coughs and how to dispose of the tissue. The nurse explains he should do this because:

A. tissues are cheaper than having handkerchiefs laundered
B. handkerchiefs could not be disinfected once they were used
C. tissues can be burned easily, thus destroying the germs
D. tissues have a disinfectant quality which helps to prevent the spread of tuberculosis

186. The physician in the Clinic advises Mr. T. to enter the sanitarium immediately and refers him to the public health nurse. All the following reasons which could be given Mr. T. for doing this would be good except:

A. there is less danger to his family of contracting the disease
B. rest and exercise routines are adhered to more easily in the sanitarium
C. people who remain at home to take the cure cannot get adequate foot and rest
D. the education program in the sanitarium helps the patient to learn to live with tuberculosis

187. The safest way to care for food left on Mr. T.'s tray is to:

A. put it into disposable bags and burn at once
B. store it in individual dishes in the family ice box
C. combine it with the family's food so that all can be reheated together and eaten by the entire family
D. put it into the garbage can

188. Mr. T. is encouraged to gain weight. The diet which would be most helpful in accomplishing this is referred to as:

A. high calorie
B. high protein
C. high mineral
D. high vitamin

189. Mr. T. is anxious that the rest of the family be checked and asks, "What is the best way to discover tuberculosis in the lungs?" The nurse explains that the most common way is by:

A. chest x-ray examination
B. examination of the blood to find certain antibodies
C. examination of the sputum to find the tuberculosis germ
D. listening to the lungs with a stethoscope

190. Mr. T. also wants to know how people get tuberculosis. The nurse tells him that all the following may be contributing causes except:

A. lowered resistance
B. poor housing conditions
C. poor nutrition
D. manual labor

191. When Ms. T. asks the doctor about wearing a mask while caring for Mr. T., the doctor's answer is most likely,:

A. "Masks are no longer worn because they don't protect the wearer."
B. "The only time a mask is recommended is when the patient is unable to cooperate."
C. "You should wear a mask every time you to into Mr. T.'s room and change it when it gets moist."
D. "A mask need be worn only when you give Mr. T. his bath and you should change it every day."

192. A drug often ordered for tuberculosis patients is streptomycin sulfate. All of the following statements are true about this drug except:

A. it is usually given alone
B. it is given intramuscularly
C. hearing loss is a side effect
D. toxic effects include urticaria and stomatitis

193. The main action of antituberculosis drugs is to.

A. heal the lung lesion quickly
B. increase the sputum expectorated
C. slow the growth of the tubercle bacillus
D. prevent hemorrhage from the lung

194. The method of administration for antituberculosis drugs is by:

A. IM
B. IV
C. the subcutaneous route
D. mouth

195. The tuberculosis patient's graphic temperature chart shows a/an:

A. elevated morning and afternoon temperature
B. elevated morning temperature
C. elevated afternoon temperature
D. subnormal afternoon temperature

196. When the doctor tells Mr. T. that his sputum now is negative, this means:

A. he is not infectious to other people at the present time
B. he is not cured and will have to continue to be careful
C. he can return soon to a normal way of life
D. nothing because it probably will turn positive again

ANSWER SHEET
RESPIRATORY

1. C
2. C
3. D
4. B
5. B
6. C
7. D
8. D
9. C
10. C
11. B
12. D
13. B
14. D
15. C
16. B
17. A
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20. D
21. A
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26. C
27. D
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32. C
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36. A
37. D
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39. C
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45. A
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47. A
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49. C
50. C
51. A
52. D
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62. C
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182. B
183. A
184. D
185. C
186. C
187. A
188. A
189. A
190. D
191. B
192. A
193. C
194. D
195. C
196. A